



Northgate Pet Clinic
 2800 North Martin Luther King Jr. Dr.
 Decatur, IL. 62526
 Phone 217-877-4393 Fax 1-888-600-3531
 www.northgatepetclinic.com



Hospital Admission/Consent Form (2017)

Owner name _____ Account # _____ Date _____
 Pet name _____ Today's weight _____
 Check in Initials _____
 Reason for admission _____

Duration _____
 Eating _____ increase/decrease _____ Regular Diet _____
 Drinking _____ increase/decrease _____
 Activity/Attitude _____
 Coughing _____ sound _____ frequency _____ after exercise _____ productive _____
 Sneezing _____ frequency _____ discharge _____
 Vomiting _____ frequency _____ appearance _____ duration _____ keeping water down _____
 Diarrhea _____ frequency _____ consistency _____ duration _____
 Ever had these problems before? _____
 Gotten into anything? _____
 Any other concerns? _____
 Is your pet currently being given **ASPIRIN**? _____
 Is your pet on any other medications? _____
 Other pertinent/chronic medical issues? _____

Currently on HWP _____ Currently on FP _____
 Approve Radiographs _____ (\$158.80)
 Approve Sedation/Anesthesia _____ (\$80.00-\$120.00)
 Approve Blood work _____ (\$134.70)
 Urinalysis/Cystocentesis _____ (\$61.50)
 Items brought with pet _____

Please review and check that you understand the following:

All pets entering the hospital MUST be current on vaccinations and free of flea infestation for the health and safety of all other pets in the hospital. Vaccines will be administered and flea treatments administered as necessary at the owners expense.

Pets are discharged only during regular business hours. In the unlikely event that the owner neglects to pick up their pet within two business days of specified release date and no notification is given on an extended stay, Northgate Pet Clinic may assume that the pet is abandoned and is hereby authorized to make decisions regarding treatment or placement of the pet.

Payment is due at the time services are rendered.

Owner's signature authorizing treatment: _____
 Phone number to be reached at today: _____
 → Would you like us to contact you via text message (standard message fees apply): _____
 Alternate name and phone number: _____

Larry Baker, DVM, FAVD, Dip AVDC
 Becky Reardon, DVM, Jennifer Rojas, DVM
 Devin Forden, DVM, Amy Wade, DVM

Quality Medicine Through..... Gentle Words, Capable Hands, and Caring Hearts