

# HOSPITAL CARE RELEASE FORM



I \_\_\_\_\_ am admitting my pet \_\_\_\_\_  
(Owner or responsible party) (Pet's name)  
a \_\_\_\_\_, for hospital care at My Pet's Vet, from  
(Color / breed)  
\_\_\_\_\_ to \_\_\_\_\_ after 11:00 a.m.  
(Date of admission) (Date of release)

- \*\*I (do / do not) want my pet bathed prior to discharge.
- \*\*I (do / do not) want my pet micro-chipped prior to discharge.

I realize that since my pet will be spending part of his/her stay at My Pet's Vet in a caged environment, the necessity for a bath prior to discharge may exist.

### **Medications & Instructions:**

Medication: _____	once daily _____	twice daily _____
Medication: _____	once daily _____	twice daily _____
Medication: _____	once daily _____	twice daily _____
Medication: _____	once daily _____	twice daily _____

Last time medications were given: \_\_\_\_\_

### Feeding Instructions:

- Is your pet on a special Diet? \_\_\_ Yes \_\_\_ No If yes, which food? \_\_\_\_\_
- Did you bring your own food? \_\_\_ Yes \_\_\_ No
- Was your pet fed today? \_\_\_ Yes \_\_\_ No If yes, am or pm? \_\_\_\_\_
- Feeding schedule: \_\_\_ AM \_\_\_ PM \_\_\_ Both
- How much food does your pet get? \_\_\_\_\_

Special Requests: \_\_\_\_\_

### Vaccine requirements:

- \*\*The Bordetella Vaccination will be required for boarding every six months. If you pet has not received the vaccine within the past six months, we will administer an intranasal Bordetella upon admission.
- **Has your pet received vaccinations at another facility? \_\_\_ Yes \_\_\_ No. If so, please provide proof.**
- Your pet's vaccinations are due \_\_\_\_\_. These vaccines will be given while your pet is here boarding.

If you would like to contact the hospital to inquire as to your pet's condition, please feel free to call during office hours. We encourage your communication. **Please call the day of discharge prior to coming over to the hospital so that we may have your pet properly cleaned and ready for your arrival.**

I realize that in the case of a medical event or emergency, my pet will be treated as deemed appropriate by the Veterinarians of MPV. All reasonable attempts to contact you or a responsible party in the event of such a medical emergency will be made.

Would you like to be updated in the case of minor medical occurrences such as diarrhea? Y or N  
Please initial your preference below and sign.

\_\_\_\_\_ CPR (Resuscitate)  
\_\_\_\_\_ DNR (Do not Resuscitate)

\_\_\_\_\_  
(Name of responsible party)

\_\_\_\_\_  
(Telephone)

Signature \_\_\_\_\_

Date: \_\_\_\_\_