



ANIMAL HOSPITAL  
423 U.S. HWY 117 S  
BURGAW, NC 28425  
PHONE: 910-259-3818  
FAX: 910-259-7750

## Hospitalization Consent

DATE: \_\_\_\_\_

Client Name: \_\_\_\_\_ Patient: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
Address: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_  
Weight: \_\_\_\_\_

### REQUIREMENTS FOR HOSPITALIZATION

- All healthy animals must be current on all vaccinations.
- All healthy animals will be given a Capstar to ensure they are free of external parasites.
- Pets may be picked up between 10 AM and 5:30 PM Monday through Thursday, 10 AM and 4:30 PM Friday and between 9 AM and 11:30 AM on Saturday.
- If a tranquilizer is necessary for treatment or handling, Healing Hands Animal Hospital has my permission to administer such medication.
- If a medical emergency should arise Healing Hands Animal Hospital will make every attempt to contact you. If you are unable to be reached please select which level of care would you like our staff to provide until you have been contacted:

Perform any services necessary regardless of cost.

Perform any services up to \$\_\_\_\_\_ over the estimate you have been given.

**I have read the boarding requirements and understand the hospital's policies. I understand that my bill must be paid in full at the time of my pet's release.**

Client Signature: \_\_\_\_\_

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

Phone number(s) at which the owner can be reached: \_\_\_\_\_