



*Countryside*  
Large Animal Veterinary Service, PLLC

## Hospital Admission Form

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Residence Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

### Patient Information

Name / Tag # \_\_\_\_\_ Nickname \_\_\_\_\_

Species  Bovine  Camelid  Caprine  Equine  Ovine  Porcine

Age / Birthdate \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex (Circle one): **Male - Female - Altered Male - Altered Female**

Reason for Hospitalization \_\_\_\_\_

(Please Initial)

I hereby authorize the following procedure / treatment: \_\_\_\_\_

I do hereby consent and authorize Countryside Large Animal Veterinary Services, PLLC and its staff to hospitalize my animal, and to administer vaccinations, medications, perform tests, surgical procedures, anesthetics, and treatment that the veterinarian(s) deems necessary for the health, safety, and well-being of the above animal while under their care and supervision.

I understand the risks involved in the medical or surgical procedure to be performed. I understand the risk of injury or death associated with general anesthesia induction, positioning, and recovery. I will not hold Countryside Large Animal Veterinary Services, PLLC liable for any unforeseen complications while Gold Standard Care is provided during the period of hospitalization.

If my animal should injure itself in an escape attempt, refuse food, become ill, or die while in the hospital, I will hold Countryside Large Animal Veterinary Services, PLLC and staff free of any responsibility and/or liability in the absence of gross negligence.

If an emergency arises and I cannot be contacted to provide authorization for treatment, the attending veterinarian should act in his or her best judgement. I agree to pay the additional expenses incurred for the emergency treatment.

I have been informed and understand that visitation is during business hours only. Visitation after hours **MUST** be prearranged with the attending veterinarian. **Visiting hours are 9:00am-4:00pm Monday-Friday, 9:00am-12:00pm on Saturday.**

I understand fees are to be paid in full at the time services are rendered. I have been informed of the cost estimate for the proposed diagnostic and treatment procedures. I further agree that in the case of non-payment, a finance charge of 1.75% per month will be charged and that any collection fees or attorney fees will be paid by me.

I understand that if I neglect to pick-up the animal within five (5) days of verbal notice that the animal is ready for release, Countryside Large Animal Veterinary Services, PLLC may assume that the animal is abandoned\*. Abandonment does not release me from my financial obligations of the bill. \*Unless other arrangements have been made.



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Feeding instructions \_\_\_\_\_

**Financial Responsibility**

**A CREDIT CARD ON FILE IS REQUIRED**

I accept full financial responsibility. I understand that payment IN FULL is required upon release of the animal. It is the policy of Countryside Large Animal Veterinary Services, PLLC to have a credit card on file for surgical patients and hospitalized animals. I understand my credit card will be charged on the following business day after discharge of the animal if another form of payment has not been presented.

**I have read and understand this authorization and consent.**

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ V Code \_\_\_\_\_

Agent / Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

(Staff) Initial and Date \_\_\_\_\_