

665 E Vilas Road
Central Point, OR 97502
Phone: (541) 779-0951
Fax: (541) 779-6498
www.crateranimalclinic.com



Eric Keiser, DVM
Matthew Lawrence, DVM
Whitney Madigan, DVM
Jamie Inglis, DVM
Julie Bernier, DVM

"The technology to treat, the heart to heal"

Patient Admitting Form

Your Name: _____

Pet's Name: _____

Phone #(s) where you can be reached today: 1: _____

2: _____

Is your pet currently on any medication? (circle one) YES NO

If yes, please specify: _____

Primary Reason for Hospital Admission: _____

Additional Services Requested: 1: _____

2: _____

We highly recommend blood work for all animals prior to anesthesia in order to assess their organ function. This will help us determine the safest anesthesia protocol for your pet. Pre-Anesthetic blood work is available for an additional charge. The blood screen performed will be determined by the age and/or health of your pet and can range in price between **\$122.50** and **\$162.20**.

Please initial your preference:

____ YES, I would like to have pre-operative blood work for my pet, I understand there is an additional fee for this service.

____ NO, I decline pre-operative blood work for my pet.

We also offer nail trims for your pet for an additional fee of **\$15.25** for a trim and **\$21.50** for a dremel.

Please initial your preference:

____ Trim ____ Dremel ____ NO

Do you require a treatment plan for the services being done today? (please initial) YES ____ NO ____

I am the agent or owner of the above animal and have the authority to execute this consent. I hereby authorize the doctors and staff of Crater Animal Clinic to perform the indicated procedures above. I understand that I am responsible for payment at the time my pet is discharged.

We accept all major credit cards (American Express, Visa, MasterCard), Care Credit, Cash, and Checks

Signature of Owner/Authorized Agent

Date _____