Today's Procedure:

_____

DAY ADMIT

patient information label

Pet History

Please answer the following questions to help us treat your pet.

1. What type of food does your pet generally eat (brand, dry/wet, etc.)?

    _____

2. Has your pet experienced any vomiting, coughing, or diarrhea in the last week?

    _____

3. When did your pet last eat?

    _____

4. Please list any allergies your pet has (food, medications, environmental, etc):

    _____

5. Please list all medications your pet is currently taking:

NAME	STRENGTH	DOSE	FREQUENCY	TIME LAST GIVEN
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____

Treatment Preferences

Please read the following and initial by the ONE option you prefer.
During the physical examination, conditions other than those for which the patient was admitted are occasionally discovered which need further testing or treatment. If your pet is ill or injured, laboratory tests and/or radiographs may be needed to develop a treatment plan.

1. I authorize additional testing and treatment if/as needed.   _____

2. Please perform only the procedures I have requested today. I understand that if you cannot reach me, no other diagnostics or treatments will be performed.   _____

3. Please notify me regarding any necessary additional testing and treatment. However, if I am not available when you call, please perform any necessary diagnostics or treatments.   _____

Resuscitation

Please initial one option.

If my pet experienced a cardiac arrest during hospitalization:

I authorize resuscitation   _____   I DO NOT authorize resuscitation   _____

BACK ⟶

Additional Services

We can implant a microchip in your pet today for an ID that can't get lost. There is an additional fee for microchip implantation. Please initial one option below.

Would you like a microchip today?

YES _____

NO _____

N/A, my pet already has a microchip _____

General Information

Hospital Hours of Operation
The Animal Hospital of Carrboro closes at 6:00PM Monday-Friday. We close at 12 noon on Saturdays. We are closed from 3:00-4:00PM on Tuesday for staff training. If you cannot pick up your pet by our closing times, your pet will be given food, water, and a comfortable place to sleep. There will be an overnight boarding charge. We cannot offer after hours pick up. For security reasons, once the hospital doors are locked, they will not be re-opened. Thank you for your cooperation.

Fleas
We check all patients for fleas on their physical examination. If we do find fleas, we will treat your pet with a single dose of Capstar (nitenpyram), a safe, effective oral flea treatment. The cost of the treatment will be reflected on your invoice when you pick up your pet.

Biting Animals
Animals brought to The Animal Hospital of Carrboro enter an environment where the presences of smells and sounds of other animals may cause over-stimulation or defensive behaviors. Additionally, some procedures may be uncomfortable. If you think your pet may try to bite during an examination or procedure, please inform our staff. If a pet attempts to bite, we will gently muzzle your pet to protect our staff or other patients. STATE LAW MANDATES THAT ANY ANIMAL THAT BITES A HUMAN OR ANIMAL MUST BE REPORTED TO ANIMAL CONTROL.

Authorization for Treatment

I affirm that I have read and fully understand this authorization for treatment. I agree to assume financial responsibility for all the charges incurred to the above patient and agree to pay for all such charges at the time I pick up my pet, excepting procedures that require a deposit, which must be paid at the time of scheduling.

I understand I can request an estimate before any procedure.

I further understand that in the event of an emergency, my pet will have emergency treatment provided at my expense and the attending veterinarian will contact me as soon as possible regarding further treatment options. I further understand that any treatment, especially one involving anesthesia, presents risks and that no guarantee of successful treatment has been made.

_____
NAME

_____
BEST CONTACT NUMBER

_____
SIGNATURE

_____
DATE

TAH | 02062025 | DO

Discharge

I, the owner or authorized agent thereof, affirm that the pet described in this document has been discharged from the facilities at The Animal Hospital of Carrboro and I have resumed responsibility for their care.

_____
NAME

_____
SIGNATURE

_____
DATE/TIME

_____
TAH REP