

**Citywide Pet Clinic  
6009 Monona Dr  
Monona, WI**

**Hospitalization Form**

Date:		
Name:		Pet's Name:
What is the primary Problem?		
What are the signs and when did they start:		
Is this the first time your pet has had this problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, how long ago and how long did it last?
Was this problem treated by a Veterinarian or did it go away?		
Is the problem getting better, worse or remaining the same?	<input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> Remain, the same	Explain:
Is your pet on any medications? (Include heartworm prevention or flea control products)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list medications:
Does your pet have any ongoing medical conditions (i.e. diabetes, mellitus, hypo/hyper-thyroid, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list medical conditions:
Is your pet allergic to any medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list medications:
Are there any other problems we should be aware of today?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list problems:
<input type="checkbox"/> I authorize the veterinarian to examine my pet. Call me at _____ to discuss diagnostic testing and treatment. What is the best time: _____ <b>(initial)</b> _____		
<input type="checkbox"/> I authorize diagnostic tests and/or treatment not to exceed \$ _____ as recommended by the veterinarian without telephoning me prior to tests and/or treatment. <b>(initial)</b> _____		
<p>To prevent the spread of infectious diseases, all hospitalized patients must be up to date on all required vaccines and free from internal and external parasites. In the event that your pet is hospitalized, the veterinarians and support staff of City Wide Veterinary Clinic will administer the required vaccinations and parasite treatments. The appropriate charges will be included in the discharge invoice. Your signature below authorizes this level of care.</p>		
<b>Signature:</b> _____		<b>Date:</b> _____