

Please fill out the form below. Fields marked in blue are required.

When you are finished, please click on the gray 'submit' button

at the end of the form to email the form to Uptown Vets.



**295 West 112th Street, New York, NY 10026
(212) 222-1221**

Hospital Admissions Form

Date _____

Pet Name _____ Date of Birth _____

Species (cat or dog) _____ Color _____

Sex _____ Neutered) _____ Weight _____ Tag _____

Owner Name _____

As Owner, or dully authorized agent of the owner, of the above named animal, I hereby consent and authorize the clinic to receive, prescribe, treat or operate on this animal.

Animal Health Needs or Requirements for Admission:

Canine DHLPP _____ Bordetella _____ 4DX _____ Lyme _____ Rabies _____

Feline FVRCP _____ FeLv _____ FIP _____ Rabies _____

Laboratory Tests Needed:

Pre-Anesthesia _____ General Helath panel _____ Geriatric Panel

Urinalysis _____ CBC _____ FeLV/FIV _____

Our office is to use all resonable precautions against injury, escape, or demise but will not be held liable or responsible in any manner regarding the care, treatment or safe keeping of the animal. I understand that I am assuming all risks involved in care and treatment for this animal. I consent to administration of anesthesia as deemed necessary by the doctor. I acknowledge that risks and the possibility of complications exist in any surgical or medical treatment

An estimate of anticipated fees has or will be given to me on request. A deposit is required upon admittance to the clinic. All charges shall be paid in full upon request.

Signature _____

Phone Number for Today _____

Emergency Phone Number _____