

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 \_\_\_\_\_