



## Patient Admission Form

We are admitting your cat into the hospital for evaluation, treatment and/or diagnostic testing. Please complete the following form so that we know your wishes regarding your pet's care.

Your Name: \_\_\_\_\_

Cat's Name: \_\_\_\_\_

### Contact Information

Phone number where I can be reached on the day of my cat's visit: \_\_\_\_\_

Preferred method of contact: Text / Phone Call

Emergency Contact: Please provide the name and phone number of a person authorized to make medical decisions on your behalf in the event that we cannot reach you at the phone number listed above.

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Please read the following statements, then sign below.

I have been advised of the nature of the services and procedures included in the Treatment Plan, as well as the risks involved. While I expect all procedures to be performed to the best of the staff's abilities, I realize that medical results cannot be guaranteed.

In the case of emergency and in the event I cannot be contacted in time, I authorize Whitney Odom, DVM, and/or her agents to perform any additional diagnostic, therapeutic, or surgical procedures necessary to treat my cat and maintain my cat's health and comfort. I expect Dr. Odom and/or her agents to use reasonable precautions to ensure my cat's safety, and I agree to pay in full for all services provided when my cat is discharged.

In the event that my cat stop breathing or his/her heart stops beating, I request that the doctor and staff of Atrium Cat Hospital pursue such medical care as indicated below (choose ONE):

- I request that cardiopulmonary resuscitation (CPR) be performed in the event that my cat stops breathing or his heart stops beating.
- I request that CPR NOT be performed in the event that my cat stops breathing or his heart stops beating. I understand that this will result in the death of my cat.

I have reviewed and approved the Treatment Plan presented to me. I understand that a deposit of 100% of the lower end of the estimate is due when my cat is admitted to the hospital, and that the remainder of the invoice is due in full at discharge. I understand that the estimate may not be a complete representation of my final bill if additional procedures are performed.

Signature \_\_\_\_\_ Date \_\_\_\_\_