Sherwood Family Pet Clinic – 15970 SW Tualatin-Sherwood Road Sherwood, OR 97140 – (503) 625-5664

Dr. Robert Merrill, Dr. Courtney Woodside, Dr. Mark Schlimgen, Dr. Leticia Wustenberg, Dr. Christina Sitton

Hospitalization Form

Owner_____ Pet's Name_____

Preferred Pick Up Time_____ Best Number Where You Can Be Reached:_____

Reason for Visit_____

When was your pet's last meal? _____

How much food did your pet eat? _____

What type of food did your pet eat? _____

Did your pet drink any water over night? _____

Has your pet's appetite and drinking been normal? YES / NO

Has your pet been showing signs of: Lethargy? YES / NO
Vomiting? YES / NO
Diarrhea? YES / NO
Coughing? YES / NO
Sneezing? YES / NO
Pain? YES / NO Mild / Moderate / Severe

Please list your pet's medications if applicable:

Medication Type_____ Medication Type_____ Medication Type_____

Dosage Frequency_____ Dosage Frequency_____ Dosage Frequency_____

Next Dose Due_____ Next Dose Due_____ Next Dose Due_____

Do you need a refill of your pets' medication(s)? If yes, please list what you need refilled:_____

_____

Please describe any other symptoms your pet is having:_____

_____

Please list your pet's medical conditions if applicable:_____

_____

I understand the doctor will contact me after examining my pet. In the event that the doctor is unable to reach me (Please Initial):

_____I authorize the doctor to proceed with indicated treatment and care for my pet as long as the cost is within $_____.

_____Do not proceed with any treatment until the doctor is able to reach me.

Overnight care at SFPC is unsupervised at times outside of normal business hours. For safety reasons, no continuous IV fluids are given during hours where pets are not under direct supervision. This includes Sundays and Holidays.

I certify that I own the above animal, or am responsible for it, and I hereby consent and authorize the Sherwood Family Pet Clinic veterinarians and staff to medicate, treat and/or hospitalize my animal. I acknowledge that no assurance or guarantee has been made except reasonable precautions against injury or escape and that risks and probabilities of complications exist in any surgery, anesthesia or medical treatment. I certify that I am the responsible party for the above animal and assume all financial responsibility.

PAYMENT IS DUE IN FULL AT TIME OF PATIENT DISCHARGE.

Signature_____ Date_____