Patient I.D._____

Patient Name._____

BELLEROSE ANIMAL HOSPITAL
242-01 JAMAICA AVE
BELLEROSE, NEW YORK 11426
516-922-5850/ 718-347-1057

RELEASE FORM FOR HOSPITALIZED ANIMALS

I.   PAIN RELIEF FOR HOSPITALIZED ANIMALS
                    Our Practice understands the importance of pain management and offers effective
                    methods to meet your pet's specific needs.
- Pets cannot tell us when they hurt, so it can be difficult to know when they are in pain. Since the perception of pain is similar for humans and pets, we assume any condition or injury capable of causing pain in humans is also capable of causing pain in pets.
- Pain is more than an unpleasant sensation. If left untreated, it can lead to suffering and harmful physical effects and actually interfere with the healing process.
- Administration of medication may be warranted before, during and/or after the procedure to reduce pain and discomfort for your pet and to promote a faster recovery.

II.   ANESTHESIA FOR HOSPITALIZED PETS
                    Anesthesia may be a necessary part of your pet's treatment.. If the doctor tells me that
                    my pet will undergo anesthesia I understand that both general and local anesthesia
                    have inherent risks—including death.
                    [   ] I understand that there are risks in the use of anesthesia.

III.   FASTING INFORMATION:

[   ] My pet has had nothing to eat or drink for a minimum of 10 hours

IV.   MEDICATIONS MY PET IS TAKING:
            My pet is on   Medications   YES [ ]   NO [ ]
                                                  Supplements   YES [ ]   NO [ ]

            Name of medication or supplement: _____
            When was the last dose given to your pet? _____

V.   DIET INFORMATION please check the appropriate choice:

            [ ] My pet is fed DRY food at home
            [ ] My pet is fed WET or CANNED food at home

VI.   MICROCHIPPING MY PET

            Our hospital receives daily inquiries about lost pets. We believe that the permanent
            identification of a microchip will reduce the emotional stress and pain of a missing pet.
            The fee for **chip insertion and one year membership is $54**.

            [ ] My check mark approves the insertion and registration of a microchip for my pet while
            it is in the Bellerose Animal Hospital

IV.   [   ] I **authorize** phone call updates in the case of an emergency after 11 PM.

            [   ] I **do not want** to receive phone call updates after 11 PM.

Signature_____   Date_____