

Meadow Brook Animal Clinic  
Billy Cox, DVM  
Patient Admission Form

Pet Name \_\_\_\_\_ Owner's Name \_\_\_\_\_

Phone number where you can be reached \_\_\_\_\_

Email address \_\_\_\_\_

Purpose of today's visit \_\_\_\_\_

Other instructions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any items you wish to leave with you pet \_\_\_\_\_

\_\_\_\_\_  
(We are not responsible for items left with your pet)

I hereby authorize Meadow Brook Animal Clinic (MBAC) to examine, prescribe for, treat, or perform any surgery upon the above described pet. I also consent to the administration of such anesthetics as are necessary. Furthermore, I agree to pay fees for services rendered at the time my pet is discharged from the clinic or when the service is terminated.

In the event the account becomes delinquent and is placed for collection, I agree to reimburse, indemnify, and pay MBAC all reasonable costs, expenses, and/or collection fees incurred in the collection of the aforementioned delinquency where collection is handled by a collection agency, commercial forwarder and/or attorney.

MBAC is authorized to humanely dispose of said pet(s) unless I, the owner, or authorized agent of mine calls or pays all the accrued charges on the pet(s) within the three days after written or verbal notification that the pet is ready to be released from MBAC.

**All dogs/cats are required to have current vaccinations when left at MBAC. I understand these will be done if necessary at my cost. I also understand that my pet will be treated for any external parasites at my cost when left at MBAC. Initials \_\_\_\_\_**

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