

Acknowledgement of Discharge

Hospital Name
Address
Phone number

I acknowledge receipt and understanding of both written & verbal discharge instructions from the staff of DoveLewis Emergency Animal Hospital regarding home care and follow-up for ***Pet's name***.

Signature

Date

Client info:

FOR OFFICE USE ONLY

DVM CHECKLIST:

DATE: _____ DVM: _____

ESTIMATED TIME OF DISCHARGE _____ DVM TO TALK TO OWNER? YES / NO

TGH? TO RDVM? TO SPECIALIST? CLINIC/s: _____

MAP / BROCHURE NEEDED? YES / NO

Rx MEDS TO BE FILLED? YES / NO

RADIOGRAPHS TO GO? YES / NO

SPECIAL INSTRUCTIONS FOR TECHNICIAN?

See checklist on back of sheet for ***Patient Belongings*** 

TECHNICIAN/TA CHECKLIST:

TECHNICIAN/TA _____ FINAL CHARGES REVIEWED? _____

Rx MEDS FILLED? YES / NO / NONE (SEE DVM NOTE ABOVE)

Rx INFORMATION SHEET(s) PRINTED YES / NO

OWNER'S MEDS/ FOOD/ MISC READY TO GO: _____ N/A

PATIENT CLEAN? _____ IV CATH PULLED/NONE/LEAVE IN

BANDAID REMOVED? _____ N/A

MEDS/FOOD/RADS/E-COLLAR/BANDAGE COVERS/OWNER BELONGINGS ETC