

ANIMAL CARE AND SURGICAL HOSPITAL

Consent for Hospitalization and Treatment.

Client's Name _____ Pet's Name _____

Species _____ Sex: M NM F SF

I, the undersigned owner, authorized agent of the owner or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that **I am** over **eighteen** years of age, and hereby consent to the examination of this pet by staff veterinarians at this veterinary practice. I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize and/or perform surgery on this animal. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian be unable to reach me, this practice's staff has my permission to provide such treatment and I agree to pay for all related fees. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

I understand that an estimate of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees attendant to such care before services are rendered and during this pet's ongoing medical treatment. If this animal is hospitalized, I agree to pay 100% and assume financial responsibility for the balance of all services rendered on a cash, credit card or check basis at the time the pet is discharged from the hospital. In the event the pet is hospitalized for more than twenty-four hours and the attending doctor is unable to reach me, I understand it is my responsibility to call the hospital at least every twenty-four hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day.

If my pet is hospitalized beyond the first day at this facility, I understand that veterinary care during nighttime hours and/or weekends will not be provided since this is not a 24hrs emergency clinic. Continuous presence of personnel/employees or a DVM will not be provided during nighttime hours. If I desire that my pet have supervision when this facility is closed, I elect to a) _____ pick up my pet and provide care in my home, in which case I accept the risks involved or b) _____ have him/her transferred to a local emergency clinic where overnight veterinary supervision is available at my expense and not being included in the estimated presented for the hospitalization in this institution (*initial one*).

I further agree that either I, or an authorized agent of mine, will pick up this pet and pay for all accrued charges within five days after receiving written or oral notification that this animal is ready to be released from the hospital. Such notice will be given at the address maintained on the hospital's patient/client record. I agree that if I fail to comply with this policy, this practice may handle this abandonment in the best interests of the pet and the hospital and I will be responsible for all fees incurred.

Phone number: (_____) _____- _____

Signature of Owner or Authorized Agent

Date

