

## Consent for Treatment and/or Admission

Client's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_  
ID # \_\_\_\_\_ Pet ID # \_\_\_\_\_  
Species: \_\_\_\_\_ Species / Sex: \_\_\_\_\_ / \_\_\_\_\_

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 Appalachian Animal Clinic. I also agree that after consultation with me, the doctor(s) may prescribe medication, treat, hospitalize, sedate, anesthetize and/or perform surgery on this animal. 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. \_\_\_\_\_ **agree** / \_\_\_\_\_ **decline (please initial)**

I understand that the costs (or estimated costs) of veterinary services will be provided to me at or before time of services rendered. I am encouraged to discuss any fees attending to aforementioned care during my pet's ongoing treatment. If my pet is hospitalized, I hereby agree to put a deposit down and assume the financial responsibility for the final balance of all services rendered at the time my pet is discharged. In the event that my pet must be hospitalized for over twenty-four hours and the attending doctor cannot reach me, the responsibility falls back on me to contact the hospital. I must stay in touch at least once every twenty-four hours to inquire about the medical status of my pet and the fees incurred for medical services up to that point.

In the event my pet is hospitalized beyond the first day at this facility, I understand that veterinary care overnight and/or weekends is not provided. Continuous presence of personnel is not provided during these hours. If you desire that your pet have supervision when this facility is closed, please initial one of the options below.

- I will pick up my pet and provide such care in my home, in which case I accept all risks of adverse effects. \_\_\_\_\_
- I will transfer him/her to a local emergency clinic where overnight veterinary supervision is available at my expense. \_\_\_\_\_

I further agree that either I, or an authorized agent of mine, will pick up this pet and pay for all accrued charges at the time the patient is ready to be released from the hospital. Notice will be given at the numbers provided below. 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 still be responsible for all fees incurred.

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| <b>HAVE YOU TALKED WITH YOUR DOCTOR ABOUT THE FOLLOWING?</b>                         |
| 1. The medical treatment alternatives for your pet                                   |
| 2. Sufficient details of the procedures for you to understand what will be performed |
| 3. How fully your pet might respond or recover and how long it could take            |
| 4. The most common complications and how serious they might be                       |
| 5. The length and type of follow-up restraint and care required                      |
| 6. How much this treatment is expected to cost and how payment will be handled       |

\_\_\_\_\_  
Signature of Owner or Authorized Agent

Date:

Contact name and number to use during treatment:

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_