

Consent for Treatment and/or Admission

Client's Name: Test Test Pet's Name: Test Dog
Client ID: 22706 Birthdate/Age: 1/19/2017/ 7 Yrs. 4 Mos.
Species/Breed: Canine/ Unknown Sex: Male

Procedure/Drop Off Reason: _

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 at least 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 a deposit of 100% of the estimated fees 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.

I understand that Northwest Pet Hospital is not staffed after hours/overnight and it is recommended that I transfer my pet to an overnight facility for continued care if needed. If I desire that my pet have supervision when this facility is closed, I elect to either pick up my pet and provide care in my home, in which case I accept the risks involved or have him/her transferred 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 within one day after receiving oral notification that this animal is ready to be released from the hospital. Such notice will be given at the phone number 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.

Signature of Owner or Authorized Agent

6/11/2024

Date