

Consent for Treatment w/ Signature Line

Contact Name & Number:

Pet's Name:

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 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 my pet's ongoing medical treatment. If this animal is hospitalized, I agree to pay a deposit of the estimated fees and assume financial responsibility for the balance of all services rendered on a cash, credit card or debit card basis at the time my pet is discharged from the hospital. In the event my 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 is provided at the discretion of the attending veterinarian. Continuous presence of personnel is not provided during these hours. If I desire that my pet have supervision when this facility is closed I will have him/her transferred to a local emergency clinic where overnight veterinary supervision is available at my expense. I will be responsible for the transfer of my pet to the emergency clinic.

I further agree that either I, or an authorized agent of mine, will pick up my pet and pay for all accrued charges after receiving oral notification that my pet is ready to be released from the hospital. I agree that if I fail to comply with this policy, this practice may handle this abandonment in the best interests of my pet and the hospital and I will be responsible for all fees incurred.

Flea Treatment (up to \$15.00):

In the event that fleas or flea larve are found on my pet while at Ceres Veterinary Clinic, Capstar, a short acting flea treatment will be administered to my pet. This is to minimize the transfer of fleas to other pets in our hospital. We can discuss long term flea control options at the time of discharge.

Signature of Owner or Authorized Agent

Date