**Pfister Animal Hospital Consent for Treatment and/or Hospitalization**

Clients Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment(s) to be performed on my pet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned owner, authorized agent of the owner or Good Samaritan responsible for seeking veterinary care at Pfister Animal Hospital for the pet identified above, certify that **I am/I am not** **(circle one)** 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 that I may 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 is unable to reach me, the staff **has \_\_\_\_\_\_** **or** **does not have \_\_\_\_\_\_ (initial one)** my permission to provide such treatment and I agree to pay for all related fees. I accept that no guarantee of successful treatment has been made.

I understand that an estimate of the costs for veterinary services can be provided to me at my request 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 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 that twenty-four hours and the attending veterinarian 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 overnight 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 may not be provided during these hours. \_\_\_\_\_\_\_**(initial),** or 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 I accept the risks involved or **b.)** \_\_\_\_\_\_ pick up and transfer my pet to a local emergency clinic where overnight veterinary supervision is available at my expense **(initial either a or b)**.

I further agree that either I, or an authorized agent of mine, will pick up this pet and pay for all accrued charges after receiving written or oral notification that this animal 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 the pet and hospital, and I will be responsible for all fees incurred.

( ) Or ( )

**Phone number where I can be reached today.**

**Call or Text? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature of Owner or Authorized Agent Date**