



Consent Form for Treatment and/or Admission

Client ID: _____ Patient ID: _____
Client Name: _____ Name: _____
Address: _____ Species: _____
Breed: _____
Sex: _____
Telephone: _____ Color: _____

REQUIREMENTS FOR ADMISSION

1. For the safety of your pet and others in our care, all animals must be current on the following vaccines:

CATS:

Over 5 months old- FVRCP, current Rabies vaccination
Under 5 months old- FVRCP within the last 4 weeks, Rabies if at least 3 months old

DOGS:

Over 5 months old- DAPP, Lepto, current Rabies vaccination, Bordetella within the last 6 months
Under 5 months old- DAPP, Lepto, Bordetella within the last 4 weeks, Rabies if over 3 months old

YOU MUST PROVIDE WRITTEN DOCUMENTATION that these vaccines were administered by a licensed veterinarian according to these guidelines. If documentation is not provided at the time of admission, we will vaccinate your pet according to these guidelines, at your expense.

2. All animals must be free of external parasites (ex. ticks, fleas, ear mites, lice, etc.), or they will be treated at the time of admission, at your expense.

Terms

I, the undersigned owner, agent of the owner, or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am eighteen years of age or over. I consent to the examination and treatment of my pet by staff veterinarians at Dickinson Animal Hospital. I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, anesthetize and/or perform surgery on my pet. 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, the hospital staff has my permission to provide such treatment, and I agree to pay for such care.

I understand that I am encouraged to discuss all fees related to such care before services are rendered and during my pet's ongoing medical treatment. I agree to assume financial responsibility for all fees incurred during the care of my pet and will provide payment via cash, credit card, or check at the time my pet is discharged from the hospital. In the event my pet is hospitalized for more than 48 hours and the attending doctor is unable to reach me, I understand it is my responsibility to call the hospital at least every 24 hours to inquire as to the medical status of my pet and to discuss the further care of my pet with a doctor or his representative.

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.



I realize that no guarantee has been made or implied regarding results or cure.

Terms Cont.

I agree that I, or an authorized agent of mine, will pick up my pet and pay for all accrued charges within ten days of receiving written or oral notification that my pet is ready to be released from the hospital. Such notice will be given at the address maintained on the hospital's patient/client record. Charges will continue to accrue until the time my pet is picked up from the hospital. I agree that if I fail to comply with this policy, this practice may handle this abandonment in a manner that is in the best interests of the pet and the hospital, and realize that I may be held responsible for legal costs involved in further proceedings. Failure to pick up my pet or the death of my pet, regardless of cause, does not release me of financial responsibility for the fees incurred.

I am aware a \$30.00 fee will be added to any insufficient or uncollectible accounts.

Please do whatever is necessary to diagnose and treat my pet's condition.

Please examine my pet and perform necessary preliminary diagnostic work; I will call the doctor in 2-3 hours to discuss my pet's condition and recommended treatment. If I do not call the hospital during that time, I authorize the doctor to proceed with diagnostic and treatment procedures as deemed necessary by the doctor.

Phone number I may be reached during business hours:

Signature of owner or agent

Date:
