



Treatment/Hospitalization Consent Form

Patient/Client Name: _____

Best phone number to reach you today: _____

Reason for Treatment/Hospitalization: _____

I am the owner (or authorized agent for) of the above-mentioned animal.

I have discussed the reasons for treatment/hospitalization with Dr. Lawrence or Dr. Habel and/or their technician/staff and I am satisfied with the plan of management. The nature of such services has been described to me to my satisfaction and I realize that neither guarantee nor warranty can ethically or professionally be made regarding the results or cure. I authorize use of sedatives and pain medications if deemed warranted by Dr. Lawrence/Dr.Habel. If anesthesia or sedation is required, I understand, and accept that there are always inherent risks, including death. I also authorize the clinic staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me is possible.

Estimate of costs prior to treatment/hospitalization given to owner: YES NO

If no estimate given, would you like to be called with estimate prior to treatment? YES NO

An estimation of the costs associated with your pet’s treatment and/or hospitalization is only an estimate. It is understood that there may be unforeseen complications and that further treatment may be necessary.

***Please let us know if you have financial limitations prior to initiating treatment**.*

I accept and assume full and total financial responsibility for any and all services rendered by the hospital, its staff or employees in the treatment of the above described animal and agree to pay the fees in full at the time of my pet’s discharge or other demise.

Signature of Owner/Agent: _____

Date: _____

Notes: _____

50% Deposit: _____ Date Received: _____

Receptionist initials: _____