

**Consent Form for Hospitalization, Surgery, and Anesthesia
Procedure: _____**

Client's Name _____ Pet's Name _____
Please Print

I, the undersigned owner of, agent of the owner of, or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that **I am** ____ **I am not** ____ (check one) eighteen years of age or over. I understand that every animal hospitalized in our facility is administered a Capstar tablet to help maintain a flea-free facility. This tablet is provided at time of drop off at no extra charge. I consent to the examination of this pet by staff veterinarians at Alamance Veterinary Hospital. 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 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. While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I certify that no guarantee or warranty has been made regarding the results that may be achieved. Should unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the hospital staff has my permission to provide such treatment, and I agree to pay for sure care.

If my pet is hospitalized, I agree to pay a deposit of 50% of the estimated fees. I agree to assume financial responsibility for the remaining fees 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 forty-eight hours and the attending doctor is unable to reach me, I understand it is my responsibility to call the hospital at least every forty-eight hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day.

I further 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. 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.

I have been advised as to the nature of the procedure(s) or operation(s) and the risk involved. I realize that results cannot be guaranteed and my financial obligations remain, regardless of the outcome. I have read and understand this authorization and consent to the recommended care.

_____ Date	_____ Signature of Owner or Agent	_____ Emergency Contact Number
_____ Date	_____ Signature of Parent or Legal Guardian (if owner/agent less than 18 years of age)	_____ Emergency Contact Number