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HOSPITALIZATION and TREATMENT CONSENT FORM

OWNER NAME: _____ PET NAME: _____

SPECIES: _____ BREED: _____ SEX: _____ AGE: _____

ITEMS LEFT WITH PET: _____

REASON for HOSPITALIZATION: _____

VACCINATION POLICY

Our hospital recommends that your pet be current on their distemper and rabies vaccinations. We require that in-patients be current on rabies. Proof that a rabies vaccine has been given by a veterinarian is required at admission. If your pet is overdue for the rabies vaccine, it will be updated pending confirmation of a healthy animal.

FLEA and TICK POLICY

Pets with fleas or ticks will be treated in the clinic at additional cost. Client will be responsible for additional cost of the treatment and prevention.

SURGICAL FOLLOW-UP POLICY

Surgeries that are not routine may require additional visits. There may be additional fees for these visits. We do not include these fees in the surgery cost since there may be more than one recheck. You may request an estimate of what your next visit may cost.

ADDITIONAL SERVICES OFFERED:

Please INITIAL next to the procedures you WOULD LIKE PERFORMED today.

- | | | |
|---|---|--|
| <input type="checkbox"/> Bath | <input type="checkbox"/> Heartworm test | <input type="checkbox"/> 4DX (HW, lyme, ehrlichia, etc.) |
| <input type="checkbox"/> Microchip Identification | <input type="checkbox"/> Ear Cleaning | <input type="checkbox"/> Anal Gland Expression |
| <input type="checkbox"/> Flea Medication | <input type="checkbox"/> Felv/FIV Test | <input type="checkbox"/> Nail Trim |
| <input type="checkbox"/> Deworming | <input type="checkbox"/> Rabies Vaccine | <input type="checkbox"/> Distemper Vaccine |
| <input type="checkbox"/> Feline Leukemia Vaccine | <input type="checkbox"/> Kennel Cough Vaccine | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Heartworm Medication/Prescription Refills: _____ | | |

****Surgical Patients: Many of these services are less stressful and more comfortable for your pet if performed while they are under anesthesia.**

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CONSENT TO TREATMENT

* I am the owner or agent for the owner of the above-described animal and have the authority to execute this consent. I hereby authorize Heartland Veterinary Clinic to perform the procedure(s) listed above.

* I understand that during the performance of the foregoing procedure(s), unseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) that are set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

* I agree to be responsible for any charges incurred while my pet is in the care of Amite Veterinary Services, LLC and understand payment is due at the time my pet is released from the hospital. I understand no staff will be attending to my pet overnight (pets needing ICU care may be referred to a 24 hour hospital).

ESTIMATES AVAILABLE UPON REQUEST

I have read and understand this authorization and consent, and being of legal age, I hereby consent and authorize this hospital and its veterinarians and staff to perform the agreed to procedures.

Signature: _____ Date: _____

EMERGENCY CONTACT NUMBERS:

_____ / _____