

PET DOCTOR 911™



Small and Exotic Animal Care for the Rio Grande Valley

Consent for Treatment and/or Admission

Client Name: _____ Patient Name: _____

Client ID: _____ Breed: _____

I, the undersigned owner, authorized agent of the owner or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am 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 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, this practice's staff has my permission to provide such treatment and I agree to pay for all related fees. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

I understand that an estimate of the costs for veterinary services will be provided to me 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 pay a full deposit of the estimated fees at the time of admittance. I also assume financial responsibility for the remaining balance of all approved 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 I understand it is my responsibility to call the hospital to inquire as to the medical status of my pet and the fees incurred for medical services up to that day. Should my pet expire while hospitalized, I understand that the attending Veterinarian will inform me immediately. It will then be my responsibility to authorize a manner of disposal. If I do not contact the hospital with my decision, Animal Medical Center of McAllen / Pet Doctor 911 reserves the right to charge my account for standard cremation disposal after 3 days, and it will not be possible to return your pets ashes to you.

I understand that if I do not wait in person for my pet's examination to be completed, leave the premises, or drop off my pet, a hospitalization fee of \$45 will be applied to the final bill.

I further agree that either I, or an authorized agent of mine, will pick up this pet and pay for all accrued charges at time of discharge. After receiving written or oral notification that this animal is ready to be released from the hospital I understand that I have 12 hours to arrange a pick up. 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 the best interests of the pet and the hospital and I will be responsible for all fees incurred.

Signature of Owner or Authorized Agent

Date