

Consent for Treatment and/or Admission

Client's Name: _____

Pet's Name: _____ **Breed:** _____

Circle all that apply: Dog Cat Male Female Neutered Spayed

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, either in person or by telephone, 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 understand that veterinary care during night time hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. If I desire that my pet have supervision when this facility is closed, I elect to **a)** _____ pick up my pet and provide such care in my home, in which case I accept all risks of adverse effects or **b)** _____ have him/her transferred to a local emergency clinic where overnight veterinary supervision is available at my expense (**initial one**). I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

I further agree that either I, or an authorized agent of mine, will pick up this pet and pay for all accrued charges within five days after receiving written or oral notification that this animal 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 the best interests of the pet and the hospital and I will still be responsible for all fees incurred.

The Parasite Policy and Vaccination Policy listed below may be waived in part or in full by the attending veterinarian if they pose a known medical risk to your pet's current medical state.

<p>Parasite Policy: Pets admitted to our facility must be free of internal and external parasites including intestinal worms, fleas, ticks, and mites. All pets will be treated with Capstar, an oral flea preventative that is safe to use, even if any other topical flea preventative has been given. If other parasites are discovered, your pet will immediately be quarantined, and you will be contacted for consent of treatment of said parasites. If treatment is declined, you are required to make immediate arrangements to have your pet removed from our facility. Treatment will be administered according to normal standards of veterinary care and these additional charges will be added to your bill, in the event you cannot be contacted within one hour of discovery of these parasites.</p>	<p>Capstar: \$4.85</p> <p>Initial: _____</p>
<p>Vaccination Policy: In order to protect the health of your pet, all pets being admitted to Smith & Shedd Family Pet Hospital are required to be current on all vaccinations. It is your responsibility to provide current records of vaccinations. If any of your pets' vaccinations are past due, they must be inoculated upon admittance, and these additional charges will be added to your bill. Pets that are so young that they have not completed their entire series of vaccinations may not yet be protected and, thus, owners accept any risks of infection.</p> <p>LIST OF REQUIRED VACCINATIONS:</p> <ul style="list-style-type: none"> •Dogs: Rabies, Distemper/Parvo/Adenovirus/Leptospirosis. Bordetella within six months; intestinal parasite examination & heartworm test within one year. •Cats: Rabies, Distemper, Rhinotracheitis, Calicivirus, Panleukopenia, Leukemia, and an intestinal parasite exam. 	<p>Initial: _____</p>

If we are unable to contact you, do you authorize sedation or pain relief for examination or treatment if necessary?

(initial one) Yes _____ No _____

Treatment(s) to be performed / why are we seeing your pet today?

We feel that all pets are important. However, we prioritize patients based upon the severity of their condition. Emergencies and critical cases will be assessed and stabilized before non-emergencies. If your pet is being seen for routine services or procedures, the doctor will speak with you at the time of your discharge appointment if any abnormalities or concerns arise. Otherwise, you will be contact once a an examination and subsequent plan of diagnostic testing and/or treatment has been completed by a doctor. **Please do not contact us during your pet's stay unless we request it; we will contact you. If an adverse event with your pet has occurred, we will contact you immediately.**

The **best phone number**(s) to contact me today is: _____

Signature of Owner or Authorized Agent: _____ Date: _____