



## HOSPITALIZATION/TREATMENT CONSENT

DATE:

PATIENT:

OWNER:

PLEASE READ AND SIGN AT THE BOTTOM

I AUTHORIZE MY PET'S ADMISSION FOR MEDICAL TREATMENT, DIAGNOSTIC PROCEDURES, AND/OR HOSPITALIZATION. THE PHONE NUMBER BELOW IS WHERE I MAY BE REACHED IF NECESSARY.

I ASSUME FULL FINANCIAL RESPONSIBILITY FOR THIS ANIMAL AND AGREE TO PAY ALL CHARGES UPON RELEASE.

OWNER SIGNATURE:

OWNER PHONE NUMBER:

All fees are due at the time services are rendered. Our hospital accepts cash, checks, all major credit cards, and Care Credit. We DO NOT have a provision for billing and may require a deposit in advance for services rendered.

