

Chesapeake Veterinary Hospital, Inc.

Admission/Treatment Consent Form

Date: _____ Owners Name: _____ Pets Name: _____

HOME PHONE# _____ CELL# _____ WORK# _____

I hereby certify that I am the owner of the above-named animal, or am responsible for it and have the authority of the owner to execute this consent. I hereby authorize the performance of the following procedure (s) _____

Patient's Medications including non-prescription drugs/supplements

- Medication #1 _____
- Dosing amount and frequency _____
- Time last taken _____
- Medication #2 _____
- Dosing amount and frequency _____
- Time last taken _____

Patients Diet Information:

- Food Brand(s) _____
- Amount Fed _____
- Frequency of feeding _____
- Time of last meal _____

I agree that after consultation with me, the hospitals doctors may examine, run diagnostic tests, 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 that I have about those risks with the attending veterinarian before the procedure is initiated. Should some unexpected lifesaving emergency care be required and the attending veterinarian be unable to reach me, this practices staff has my permission to provide such treatment and I agree to pay for all related fees. I accept that the veterinary medicine is inexact science and that no guarantee of successful treatment has been made.

An estimate of cost for services has been provided to me, and I understand that I am encouraged to discuss all fees attendant to such care before services are rendered and during the pet's ongoing treatment. I understand that I am financially responsible for all fees incurred, and that payment is due at discharge, minus any deposit that is paid in advance.

I understand that if my pet is hospitalized overnight/during weekends, that no supervision of the pet is provided, and that I have the option of transferring my pet to an Emergency Care Facility that can provide these services. I agree to indemnify and hold Chesapeake Veterinary Hospital harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

Signature of legal owner or responsible person _____

AT WHAT NUMBER CAN YOU BE REACHED TODAY? _____