

## Consent Form for Treatment and/or Admission

Clients Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

I, the undersigned owner, agent of the owner, or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that **I AM** eighteen years of age or over. I consent to the examination of this pet by staff veterinarians at Cedar Ridge Animal Hospital. 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 my pet. 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 is unable to reach me, the hospital staff has my permission to provide such treatment, and I agree to pay for such care.

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 related to such care before services are rendered and during my pet's ongoing medical treatment. I agree to assume financial responsibility for the remaining fees and will provide payment via cash, credit card or check at the time my pet is discharged from the hospital. In the event the pet is hospitalized for more than 48 hours and the attending doctor is unable to reach me, I understand it is my responsibility to call the hospital at least every 48 hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day.

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours.

I agree that either I, or an authorized agent of mine, will pick up my pet and pay for all accrued charges within five days of receiving written or oral notification that my pet 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, the hospital may handle this abandonment in a manner that is in the best interest of the pet and the hospital.

Contact Phone Numbers: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

### HAVE YOU TALKED WITH YOUR DOCTOR ABOUT THE FOLLOWING

1. The medical and/or surgical treatment alternatives for your pet
2. Sufficient details of the procedures for you to understand what will be performed
3. How fully your pet might respond or recover and how long it could take
4. The most common and serious complications
5. The length and type of follow-up care and home restraint required
6. The estimate of fees for all services
7. Care Credit may be available for estimates over \$300.00 WAC