

MCVS AUTHORIZATION to HOSPITALIZE

CLIENT INFORMATION

Owner's Last Name _____ First _____ Date _____
Best Phone number to reach you: _____ Is this your: ___Home ___Cell ___Work
Alternate phone number: _____ Is this your: ___Home ___Cell ___Work
May we contact you at work: ___YES ___NO Best times to Contact you: _____

PATIENT NAME _____

I am the owner (or authorized agent for) the above-mentioned animal.

I have discussed the reasons for hospitalization and I am satisfied with the plan of management. The nature of such services has been described to me to my satisfaction and I realize that neither guarantee nor warranty can ethically or professionally be made regarding results or cure. I authorize use of sedatives and pain medications if deemed warranted. If anesthesia or sedation is required, I understand, and accept that there are always inherent risks, including death. I also authorize the clinic staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me is possible.

I understand that MCVS is not staffed after regular office hours, and that, although my pet will receive his/her treatments at the discretion of the veterinarian, there are times when my pet will be unsupervised.

I have had the likely fees explained to me and received an estimate of \$ _____ per day for anticipated medical services. It is understood that there may be unforeseen complications and that further treatment may be necessary during the hospitalization. I accept and assume full and total financial responsibility for any and all services rendered by the clinic, its staff or employees in the treatment of the above described animal, and agree to pay the fees at the time of my pet's discharge or other demise. A deposit of \$ _____ has already been applied to my account.

Or - I have a limit that I can spend - please try to work within it: \$ _____

Signature of owner or agent _____ date