



Treatment Consent Form

Client Name: _____ Pet's Name: _____

Procedure: _____ Phone Number (____) _____

I certify that I own the above described animal and authorize The Visiting Vet to hospitalize said animal. During this time, they may administer vaccinations, medication, tests, surgical procedures, anesthetics, or treatments they deem necessary for the health, safety, and well being of my pet while under the care and supervision of the hospital. I understand that there are inherent risks associated with anesthetic, medical, and surgical procedures, including death. I authorize the doctor at The Visiting Vet to initiate care to address these complications should they arise while under their care. In the event of an emergency, the hospital will make every reasonable attempt to contact me so that I am aware of the situation and involved in medical decisions. The contact phone numbers in the chart are correct. If my pet should injure itself in an escape attempt, refuse food, soil itself, become ill, or die while in the hospital, I will hold The Visiting Vet and the staff free of all responsibility and/or liability in the absence of gross negligence.

I further realize that I am responsible for payment of all above mentioned procedures/treatments in full at the time of my pet's discharge from the facility. If I neglect to pick up the animal within ten (10) days of notice that he or she is ready for release, The Visiting Vet may assume that the animal has been abandoned. In such instances, The Visiting Vet is then authorized to dispose (adopt) of my pet as they see fit. Abandonment, however does not release me of my obligation for payment.

CPR may be necessary to resuscitate your pet if he or she experiences cardiopulmonary arrest.

____ I authorize for CPR to be performed ____ I decline for CPR to be performed

I have read and understood the material stated above.

Client Signature

Date