



## Consent for Admission/ Physical Examination/ Treatment

750 State Road  
North Dartmouth MA 02747

Client's Name: {FULLNAME}

Pet's Name: {NAME} {PATIENTID}

I, the undersigned owner, authorized agent of the owner responsible for seeking veterinary care for the pet identified above, certify that **I am** over **eighteen** years of age, and hereby consent to the examination of this pet by staff veterinarians at this veterinary practice. 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 this animal. 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. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and serious complications
- The length and type of follow-up care and home restraint required
- The estimate of the fees for all services
- Any necessary payment arrangements

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that veterinary medicine is not an exact science and that no guarantee or warranty has been made regarding the results that may be achieved. Should some unexpected life-saving emergency care be required and the attending veterinarian be unable to reach me, this practice's staff has my permission to provide such treatment and I agree to pay for all related fees.

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 attendant to such care before services are rendered and during this pet's ongoing medical treatment. If this animal is hospitalized, I agree to pay a deposit of \$100 at time of admission and/or 50% of the estimated fees and assume financial responsibility for the balance of all services rendered on a cash, credit card, Scratchpay, Care Credit or Check. I agree to pay the bill in full at the time of discharge or when services are complete.

I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made. I have read and understand the nature of the above procedures and give my consent to proceed.

I understand I must be reachable by phone while my pet is at Anchor Animal Hospital. I can be reached at the following phone numbers;

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Phone number(s) for today**

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

\_\_\_\_\_  
{CURRENTDATE[SHORT]}  
Date

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Signature of Technician