

Good Shepherd Veterinary Hospital

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CONSENT FOR TREATMENT

SPECIES _____ PET'S NAME _____ SEX _____

I, the undersigned owner, or owner's agent, of the pet identified above, certify that **I am / I am not** (circle one) over **eighteen** years of age, and thereby consent to the examination of my pet by staff veterinarians at Good Shepherd Veterinary Hospital and after consultation with me to prescribe medication for, treat, hospitalize, anesthetize, and/or perform surgery on my 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 my attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required, Good Shepherd Veterinary Hospital's 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 attendant to such care before services are rendered and during my pet's ongoing medical treatment. If my pet is hospitalized, I agree to pay a deposit of ___% of the estimated fees and assume financial responsibility for the balance of all services rendered on a cash, credit card, or check basis at the time my pet is discharged from the hospital. In the event my pet is hospitalized for more than 48 hours and my 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 the day.

I further agree that I, or an authorized agent of mine, will pick up my pet and pay for all accrued charges within 5 days after 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 or the address listed below. I agree that if I fail to comply with this policy, Good Shepherd Veterinary Hospital may handle this abandonment in the best interests of the animal and the hospital.

Signature of Owner/Authorized Agent

Date

Signature of Parent or Legal Guardian
If owner/agent less than 18 years of age

Date

Address

Phone #