

Consent to Admit and Perform Treatment

Date: _____

Lee's Hill Pet Hospital
10693 Spotsylvania Ave, Fredericksburg, VA 22408

PATIENT INFORMATION

Pet's Name: _____

Owner: _____

Age: _____ Sex: _____

Species: _____

Breed: _____

Colors/Markings: _____

I, the undersigned, do hereby certify that I am the owner or duly authorized agent of the above described patient and have the authority to execute this consent. **I hereby authorize the veterinarian(s) of Lee's Hill Pet Hospital to perform the following procedure(s):** _____.

The nature of the procedure(s) has been explained to me and I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. We will strive to make as close of an estimate as possible at your request. This may be difficult if the veterinarian is not present at the time of admission.

🐾 In many cases, it is impossible to determine in advance the extent of medical or surgical treatment required. I understand that the price of \$ _____ is an estimate only and that there may be additional charges incurred. Therefore, **I pre-authorize a TOTAL treatment cost of \$ _____**. I understand that a deposit based on the estimate may be required upon patient admission.

🐾 We have several pets in this building daily for grooming, boarding, and otherwise, so we need to keep our environment parasite free.

Please initial: _____ I understand that if Lee's Hill Pet Hospital observes any parasites on my pet or in my pet's stool, he or she will be treated with the appropriate flea/tick prevention or dewormer at my expense. This is to keep LHPH a parasite-free facility and protect all of our patients, including your pet.

🐾 As a veterinary hospital, we often have patients with various illnesses in our hospital. Unfortunately, some of those illnesses are contagious. Not to worry! For the protection of your pet and others, we require that every healthy pet that stays in this hospital be up to date on vaccines.

Please initial: _____ I understand that I must provide proof of vaccination for my pet and if no proof is available or if my pet is not vaccinated, Lee's Hill Pet Hospital will perform an exam and administer the necessary vaccines at my expense. This is to prevent the spread of disease and keep my pet healthy.

🐾 In the even of an emergency, would you like the doctor to start life-saving measures (i.e. CPR, oxygen) at your expense? **Please initial:** _____ **Accept** or _____ **Decline**

🐾 If the doctor recommends non-emergency, but necessary treatments, that go above your pre-authorized amount and we cannot reach you by phone, would you like us to proceed?

Please initial: _____ **Accept** or _____ **Decline**

Emergency Contact Phone Number: _____

Authorization for Treatment and Credit Agreement

I hereby authorize the Veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges are due at the time services are rendered. If a balance is unpaid after services are rendered, I agree to pay a service charge of five (5%) per month computed on the unpaid balance until the account is paid in full. I also agree to pay all attorney fees, collection agency fees, court fees and all other costs incurred in our collection process on all unpaid balance I may owe. If anyone else other than myself brings in the pet or picks the pet up, then they are responsible to pay the bill in full when the services are rendered or prior to the release of the animal.

Signature of Owner or Legal Agent: _____ **Date:** _____

(Must be 18 or older)