



# Animal Care Hospital

3131 E. Thomas Road • Phoenix, AZ 85016  
Off 955-5757 Fax 957-2131



## CONSENT FOR TREATMENT

SPECIES \_\_\_\_\_ PET'S NAME \_\_\_\_\_ SEX \_\_\_\_\_

I, the undersigned owner, or owner's agent, of the 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 Animal Care Hospital and after consultation with me to prescribe medication for, treat, hospitalize, anesthetize and/or perform surgery on my animal. I understand that some risk 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, Animal Care 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 cost 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 all 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 require as to the medical status of my pet and the fees incurred for medical services up to that day.

I further agree that I, or an authorized agent of mine, will pick up my pet and pay for all accrued charges within 30 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 address listed below. I agree that if I fail to comply with this policy Animal Care Hospital may handle this abandonment in the best interests of the animal and the hospital.

Treatment or procedure \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address and Phone Numbers

\_\_\_\_\_  
Date

**We do not provide 24 hour care**