

CLIENT CONSENT FORM

Client's Name _____

Pet's Name _____

Hospitalization admittance for the following reason:

Please read carefully and sign below.

I, the undersigned owner, or agent of the owner of the pet identified, authorize the veterinarians and staff at Pets First Animal Hospital to hospitalize and care for my pet. I understand that my pet will undergo the recommended diagnostic testing and treatment and that I am encouraged to discuss any concerns I have about those procedures with the attending veterinarian before the procedure(s) have been initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- Sufficient details of the procedure(s) to understand what will be done
- The reasonable medical and/or surgical treatment options for my pet
- How fully my pet will recover and how long it will take
- The most common and most serious complications
- The length and type of follow-up care required
- If requested, the estimate of the fees for all services provided

While I accept that all procedure(s) will be performed to the very best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to assume financial responsibility and provide payment for services rendered. I have read fully and understand the terms and conditions set forth above.

Signature of owner/agent _____ Date ___/___/___