



435 S. Eagle Rd, Suite 2
Eagle, ID 83616

HOSPITAL ADMISSION/TREATMENT PLAN AUTHORIZATION

Owner:	Pet's Name:
Reason for Admission:	Date:

Your pet is being admitted to Eagle Animal Clinic for hospitalization and/or treatment of the above listed procedure, injury, or illness. Please be assured that the health, safety, and comfort of your pet are of the utmost importance to the doctors and staff of Eagle Animal Clinic. Therefore, your pet will be closely monitored by our experienced medical team throughout the day during his/her hospital stay.

Please INITIAL one of the following:

Following the doctor's examination of my pet...

- () You have my permission to proceed with the signed Treatment Plan as deemed necessary by the doctor without contacting me for further consent. I understand that I will be contacted by a doctor and/or medical team member as more information regarding my pet's condition becomes available.
- () Please make every attempt to reach me by phone at the number(s) I have listed below before continuing with the Treatment Plan. In the event that I (or my spouse) cannot be immediately reached at the number(s) I've provided (*we will allow 30 minutes for a return call in non-emergent situations*), you have my permission to proceed with the signed Treatment Plan as deemed necessary by the doctor. I understand that I will be contacted by a doctor and/or medical team member as more information regarding my pet's condition becomes available.
- () Please make every attempt to reach me by phone at the number(s) I have listed below before continuing with any treatment and/or diagnostics. In the event that I (or my spouse) cannot be immediately reached at the number I've provided, please provide no further treatment, except for pain management, for my pet until I can be contacted. **I understand that by selecting this option, it may lead to my pet's treatment being delayed or rescheduled; and/or necessitate my pet being referred to an after hours emergency hospital for continued medical care.**

Once the doctor has completed your pet's physical exam, there may be changes or adjustments to the Treatment Plan depending on their medical assessment of your pet's condition(s). A member of our medical team will call you with an updated Treatment Plan if additional procedures, treatments or diagnostics are recommended or needed. Also, a member of our medical team will contact you immediately if there are any major changes in your pet's condition(s); or upon completion of a medical procedure or treatment.

I authorize the doctors and staff of Eagle Animal Clinic to perform the procedures, anesthetics, diagnostics, and/or treatments, as deemed advisable or necessary by the doctor, for my pet per the Treatment Plan as selected above. Regardless of an animal's age or apparent health status, I understand that all anesthetic procedures have an element of risk including, but not limited to stroke, deafness, or death. I understand that there is no guarantee as to the results or cure of my pet. Should unexpected, life-saving emergency care be required for my pet, and the hospital staff is unable to reach me immediately, the doctor's and/or staff has my permission to provide any and all necessary emergent treatments.

The Treatment Plan for the above listed procedure(s) is only the best approximation and does not include services deemed necessary for medical or surgical complications of otherwise unforeseen circumstances. I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications of otherwise unforeseen circumstances, upon discharge of my pet from the hospital.

Some cases may require a 50% deposit of the minimum Treatment Plan total upon the pet's admittance into the hospital, and/or before any service or treatment is initiated. In all cases, payment in full is required upon the pet's discharge from Eagle Animal Clinic.

By signing below, you are indicating that you have read, understand, and agree to the terms of the Hospital Admission/Treatment Plan Authorization and authorize the procedure(s) as indicated above.

Signature of Owner/Responsible Agent

Date

1st Contact Number

2nd Contact Number