



1745 Mileground
Morgantown,
West Virginia 26505
304 296-7387

Consent For Patient Treatment and/or Hospitalization

Species _____ Pet's Name _____ Sex _____

Owner's name _____

I, the undersigned owner of the pet identified above, certify that I am over eighteen years of age, and hereby consent to the examination of my pet by the veterinarians at Paw Prints Veterinary Clinic, 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, and my attending veterinarian is unable to reach me, the staff at Paw Prints Veterinary Clinic **has/ does not have** (circle one) my permission to provide such treatment and I agree to pay for such care.

I understand that an estimate of costs for veterinary services will be provided to me upon my request 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 100% of the doctor's emergency charges and 50% of the remaining estimated fees for recommended services 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 clinic. In the event my pet is hospitalized for more than 48 hours and my attending veterinarian is unable to reach me, I understand it is my responsibility to call the clinic at least every 48 hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day. In the event I fail to pay for the balance of services at the time my pet is discharged, I shall pay a penalty of a monthly billing and financing fee equal to 1.5% of the unpaid balance.

I further agree that I, or an authorized agent of mine, will pick up my pet and pay for accrued charges within fifteen (15) 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. I agree that if I fail to comply with this policy, Paw Prints Veterinary Clinic may handle this abandonment in the best interests of the animal and the clinic, and by doing so does not relieve me of my financial obligations.

Signature of Owner

Date