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## Consent for Treatment and/or Admission

Owner/Authorized Agent Name(s): \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species: Canine / Feline Sex: Male / Female

Authorized agent(s): \_\_\_\_\_

I, the undersigned owner or authorized agent of the pet identified above, certify that I am over eighteen years of age, and thereby consent to the examination of my pet by the staff veterinarians at Metropolitan Animal Specialty Hospital. After consultation with me I consent to all encompassing routine laboratory work (including, but not limited to blood, urine, and other studies), taking of radiographs, surgery and administration of medications prescribed by the veterinarian. I further consent to the performance of those diagnostic procedures, and the rendering of medical treatment by the medical staff and their assistants as deemed necessary based on the medical staff's judgement including humane euthanasia if indicated.

In the event I am unavailable, I hereby authorize \_\_\_\_\_ to act as my agent(s) and request care as needed in his/her judgement. I understand that some risks always exist with anesthesia and/or surgery and that I or my agent is encouraged to discuss any concerns about those risks with the 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, Metropolitan Animal Specialty 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 costs for veterinary services will be provided to me or my agent and that I or my agent is encouraged to discuss all fees associated with to such care before services are rendered as well as during my pet's ongoing medical treatment. If my pet is hospitalized, I agree to pay a deposit of the lower end of estimated fees and assume financial responsibility for the balance of all the services rendered on a credit card or cash basis at the time my pet is discharged from the hospital. In the event my pet is hospitalized for 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 24 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 of an open balance, I agree to pay a monthly billing and financing fee equal to 1.5% of the unpaid balance. I further agree that I, or my authorized agent, will pick up my pet and pay for all accrued charges at that time after receiving written or oral notification that this animal is ready to be released from the hospital. This form has been explained to me and I fully understand this Consent to Treatment and/or Admission and agree to its contents.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date