Dunkirk Animal Hospital

CONSENT FOR ADMISSION AND TREATMENT

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CONSENT FOR MEDICAL, ANESTHETIC, AND/OR SURGICAL SERVICES

I am the owner or agent of the above animal and have the authority to execute this consent. I certify that I am eighteen years of age or older. I hereby consent and authorize the above procedure(s) and/or operation(s). I understand that during the above mentioned procedure(s) and/or operation(s) that unforeseen conditions or complications may arise that necessitate an extension of the procedure(s) and/or operation(s) or different procedure(s) and/or operation(s) than those previously discussed. Therefore, I consent to and authorize the performance of such procedure(s) and/or operation(s) as deemed necessary in the exercise of the veterinarian's professional judgment. I understand that if I choose to decline pre-anesthetic diagnostics and/or intravenous catheterization that I agree to hold Dunkirk Animal Hospital and its representatives harmless, in the absence of negligence, in the event of anesthetic, surgical and/or medical complications that might have been detected or prevented had these procedure(s) been performed. I authorize the use of appropriate anesthetics and medications. I understand that there are inherent risks with any procedure or treatment, including anesthesia, not excluding the death of the pet. The nature of such service has been described to my satisfaction and I realize that no guarantees or warranties can ethically or professionally be made regarding results or cure. I understand that Dunkirk Animal Hospital is not responsible for any accidental illness or injury incurred by my pet(s) beyond the control of the staff while visiting or hospitalized at Dunkirk Animal Hospital. **I understand and accept that Dunkirk Animal Hospital *DOES NOT PROVIDE 24-HOUR SUPERVISION*. I understand that in the event that my pet is hospitalized, it is my responsibility to contact Dunkirk Animal Hospital at least once every 24 hours to inquire as to the status of my pet and the fees incurred for medical services up to that time**. **Please designate one adult member of the family/household to handle all communication.**

EXPLANATION OF PAIN MANAGEMENT

With the best interests of your pet in mind, the veterinarians at Dunkirk Animal Hospital will administer medication(s) to prevent pain as your pet's medical status requires. The costs of such medications are the responsibility of the owner.

EXPLANATION OF FINANCIAL RESPONSIBILITY

Payment is due at the time of service. Dunkirk Animal Hospital (DAH) does not bill. DAH accepts cash, personal checks, and credit cards (Visa, MasterCard, American Express, and Discover). DAH requires a driver's license number on all personal checks. I understand that I may be required to pay a deposit. It is the responsibility of the owner /agent to request an estimate for costs of services. Due to the highly variable and unpredictable nature of an animal's reaction or response to diagnostic(s), procedure(s), operation(s), and/or medication(s), total fees for services rendered and products provided at the time of your pet's discharge may differ from the provided estimate. I acknowledge and accept full financial responsibility for all services rendered and any products provided and understand that full payment, via cash, credit cards, or check is due at the time of my pet's discharge. I understand that delinquent accounts are subject to interest at a rate of 1.5% per month with a processing fee of $5.00. I acknowledge that in the event of default the balance may be placed with a collection agency. In the event that legal action is required, I agree to pay for reasonable attorney's fees and court costs.

I certify that the information that I have provided is correct to the best of my knowledge. I certify that I have read and fully understand the terms and conditions set forth above.

Signature: _____ **Date:** 9/16/2020

Printed Name: _____

Email Address: _____