Dunkirk Animal Hospital

CONSENT FOR ADMISSION AND TREATMENT

Date: {CURRENTDATE[SHORT]}
Client ID: {ID}
Client Name: {FULLNAME}
Client Address: {ADDRESS1}, {CITY}, {STATE} {POSTALCODE}
Client Telephone: {PHONENUMBER}

Patient ID: {PATIENTID}
Patient Name: {NAME}
Patient Age: {AGE}
Patient Gender: {SEX}
Patient Species: {SPECIES}
Patient Breed: {BREED}
Patient Weight: {CURRENTWEIGHT} {CURRENTWEIGHTUNIT}

PRIMARY PROCEDURE(S)

Best telephone number(s) to contact you: _____

Procedure(s) to be performed: _____

_____

Pre-existing condition(s): _____

Current medication(s): _____

Some procedures and/or operations require clipping of your pet's hair. Please inform the staff if you have any concerns regarding clipping.

ANCILLARY PROCEDURE(S)

Vaccinations current: YES NO

If no, what vaccinations are to be administered: _____

Do you want your pet to receive a microchip [$65.00]? YES NO

PRE-ANESTHETIC DIAGNOSTICS AND INTRAVENOUS CATHETERIZATION

Dunkirk Animal Hospital recommends pre-anesthetic blood profiles for all pets 8 years of age and older.

Pre-anesthetic blood profile [$115.00] YES NO Per Dr.

Dunkirk Animal Hospital recommends intravenous catheter placement for all pets 10 years of age and older.

Intravenous (IV) catheter placed and fluid administered [$76.00]: YES NO Per Dr.

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CONSENT FOR DENTAL CARE

I have been informed that my pet is in need of preventive or therapeutic dental care and consent to the appropriate procedures described to me by the staff veterinarians at Dunkirk Animal Hospital.

I have been informed that examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone. I also have been informed that the loss or removal of one or more unhealthy canine teeth occasionally allows for an awkward protrusion of the tongue to one side or the other. Any questions and concerns I have about the recommended dental procedures have been answered to my satisfaction.

If your pet requires any extractions (tooth removal), *do you require that you be contacted* prior to these extraction(s) being performed?

Please initial: Yes__________ No__________

If we are unable to contact you and you require that contact be made, please be aware that your pet will be recovered from anesthesia and any additional dental procedures will need to be scheduled for the future. We will make every attempt to make contact via the telephone number(s) you provide at least once. However, it is your responsibility to be available at those telephone number(s). If you authorize extractions, you are financially responsible for any additional fees incurred in the course of said extractions.

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:** {CURRENTDATE[SHORT]}

Printed Name: _____

Email Address: _____