

Consent for Treatment & Surgical Release

If submitting this form within 24 hours of your scheduled appointment, please print page and bring

Information

I hereby consent and authorize the veterinarians at Parkway Animal Hospital to perform such diagnostic procedures as are, in their opinion, necessary and advisable for the treatment and maintenance of my

I understand that anesthesia involves risks in addition to those involved with the recommended surgical procedures, but I request the use of anesthetics for the relief and protection of my pet from pain during additional procedures.

I understand that an estimate of the costs for veterinary services has been provided to me, and I am attendant to such care during my pet's on-going medical treatments. If my pet is hospitalized, a deposit may be required. I will assume full financial responsibility for the balance of all services rendered. Methods of payment are cash, care credit, check and accepted credit cards. In the event of an open account, interest of two percent (2%) per month and a \$2.00 monthly billing fee. All accounts placed for collection of thirty-five percent (35%) of the total balance due.

Parkway Animal Hospital requires that all pets admitted to our facility be currently vaccinated for rabies and feline vaccines. If vaccinations cannot be verified or they have not been given, we will administer them at a fee. We reserve the right to treat any animal in our hospital for fleas and ticks, in order to protect our other patients. A minimal fee for this service.

After receiving written or oral notification that my pet is ready for release, if the pet has not been picked up by the owner, Parkway Animal Hospital will consider this abandonment. At that time, the pet will become property of the hospital.

Consent

I have read and understand the above recommendations; I hereby authorize the veterinarians at Parkway Animal Hospital to perform the above procedures as indicated below.

PETS NAME: _____ DATE: _____

PROCEDURES TO BE PERFORMED: _____

SIGNATURE OF OWNER OR AGENT: _____

PHONE NUMBER: _____

