



Consent Form for Treatment and/or Admission

Client's Name: _____ Pet's Name: _____

Treatment(s) to be performed: _____

- I, the undersigned owner, agent of the owner, or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am eighteen years of age or older. I consent to the examination of this animal by the staff veterinarians of Society Hill Veterinary Hospital. I also agree that after consultation with me, the Hospital's veterinarians may prescribe medication, treat, hospitalize, sedate, anesthetize and/or perform surgery on my pet. I understand that some risks always exist with anesthesia and surgery and that I am encouraged to discuss any concerns I have about these risks with the attending veterinarian before the procedure is initiated. Should unexpected lifesaving emergency care be required and the attending veterinarian is unable to reach me, the Hospital staff has my permission to provide such treatment and I agree to pay for such care.
- I understand that an estimate of the fees for veterinary services will be provided to me upon request and that I am encouraged to discuss all fees related to such care before services are rendered and during my pet's ongoing medical treatment. If my pet is hospitalized, I agree to assume financial responsibility for the fees and will provide payment via cash, credit card, or check at the time my pet is discharged from the hospital. In the event my pet is hospitalized for more than forty-eight (48) hours and the attending doctor is unable to reach me, I understand it is my responsibility to call the hospital at least every forty-eight hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day.
- I understand that veterinary care during night-time and/or week-ends is provided at the discretion of the attending veterinarian. Continuous presence of personnel is not provided during these hours.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Agent: _____ Date: _____

Phone number at which Owner or Agent can be reached: _____

Thank you for giving us the opportunity to care for your pet. Please bring this form with you to your scheduled appointment.

