

MICROCHIP IDENTIFICATION

We can implant a microchip in your pet today for an ID that can't get lost. There is an additional fee for microchip implantation. Would you like a pet microchip today? YES _____ NO _____

THE ANIMAL HOSPITAL CLOSSES AT 6PM MONDAY- FRIDAY. WE ARE CLOSED FROM 3:00 – 4:00 PM ON TUESDAYS FOR STAFF TRAINING. WE ARE OPEN UNTIL 12 NOON ON SATURDAYS.

IF YOU CANNOT PICK UP YOUR PET BY OUR CLOSING TIMES, YOUR PET WILL BE GIVEN FOOD, WATER, AND A COMFORTABLE PLACE TO SLEEP. THERE WILL BE AN OVERNIGHT BOARDING CHARGE.

PLEASE NOTE: WE DO NOT HAVE AFTER-HOURS PICK UPS. FOR SECURITY REASONS, ONCE THE HOSPITAL DOORS ARE LOCKED, THEY WILL NOT BE RE-OPENED. THANK YOU FOR YOUR COOPERATION.

BITING ANIMALS: Animals brought to The Animal Hospital for treatment enter an environment where the presence, smells, and sounds of other animals may cause over-stimulation or defensive behaviors. Additionally, some procedures may be uncomfortable. If you think your pet may try to bite during an examination or procedure, please inform our staff. If a pet attempts to bite, we will gently muzzle your pet to protect our staff from bites. PLEASE BE AWARE THAT STATE LAW MANDATES THAT ANY ANIMAL THAT BITES A HUMAN OR ANOTHER ANIMAL MUST BE REPORTED TO ANIMAL CONTROL.

Please initial one option: If my pet experiences a cardiac arrest during hospitalization, I authorize resuscitation _____ OR I do not authorize resuscitation (DNR) _____.



>> I hereby certify that I have read and fully understand this authorization for treatment. I also assume financial responsibility for all the charges incurred to the above patient and agree to pay for all such charges at the time I pick up my pet.

>> I understand that a pre-procedure deposit of up to half the estimate for services may be required depending on my pet's treatment and circumstances.

>> I further understand that in the event of an emergency, my pet will have emergency treatment provided at my cost and the attending veterinarian will contact me as soon as possible regarding further treatment options.

>> I further understand that any treatment, especially one involving anesthesia, presents risks and that no guarantee of successful treatment has been made.

I will pay for today's services with Visa Mastercard American Express Discover
 Cash Check Care Credit

YOUR NAME: _____ **DATE:** _____

PHONE # WHERE YOU CAN BE REACHED TODAY: _____

SIGNATURE: _____