

Consent for Hospitalization/Treatment Meiners Animal Clinic

Date _____

Animal's Name _____ Owner's Name _____

Symptoms: circle and indicate duration

Coughing/Sneezing _____ Vomiting _____ Diarrhea _____ Not eating _____ Not drinking _____

Excessive thirst _____ Runny nose _____ Ear problem _____ Eye problem _____

Weight loss/gain _____ Lameness/Limping _____ Urinary problems _____

Change in behavior: aggressive _____ depressed _____

Lumps (where) _____ Skin problems _____ Itching _____ Trouble breathing _____

Explain reason for drop off today:

Pet's Current Diet, amount fed and how often:

Current Medication: (Dose, Frequency, Last time given)

AUTHORIZED SERVICES: Microchip _____ Blood Chemistry _____ CBC _____ T-4 _____

Radiographs _____ Fecal Panel/Float _____ Urinalysis _____ Skin scraping _____ Corneal Stain/STT _____

Ear swab/stain/flush _____ Other _____ Sedation _____

Vaccinations: _____ Current _____ due (list what is due) _____

Phone number(s) where you can be reached today _____

Estimated time to pick pet up _____

I hereby authorize Meiners Animal Clinic to perform the above procedures and additional diagnostic, treatments or surgical procedures as deemed necessary for medical or surgical complications or otherwise unforeseen circumstances.

The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results of the procedure. I understand that there may be risks involved in these procedures and with any anesthesia or pain medication. I will not hold Meiners Animal Hospital, the Doctors, or the staff liable for any complications.

I understand that hospital support staff will be used as deemed necessary by the veterinarian. I also understand that Meiners Animal Clinic is not staffed twenty-four (24) hours a day and after hour treatment of patients is at the discretion of the veterinarian.

Payment is expected when services are rendered unless prior arrangements are made and approved in ADVANCE. I agree to pay the costs of all delinquency charges. Delinquency charges are 50% of the unpaid balance.

Signed _____ Admitted by _____
Owner Staff