FOUR CORNERS VETERINARY HOSPITAL

CONSENT FOR TREATMENT

SPECIES_____ PET'S NAME_____ SEX_____

I, the undersigned, or owner's agent, of the pet identified above, certify that I am/I am not (circle one) over eighteen years of age, and thereby consent to the examination of my pet by staff veterinarians at (FCVH) and after consultation with me to prescribe medication for, treat, hospitalize, anesthetize and/or perform surgery on my animal. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required, (FCVH) has my permission to provide such treatment and I agree to pay for such care.

I understand that an estimate of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees attendant to such care before services are rendered and during my pet's ongoing medical treatment. If my pet is hospitalized, I agree to pay a deposit of____% of the estimated fees and assume financial responsibility for the balance of all services rendered on a cash, credit card or check basis at the time my pet is discharged from the Hospital. In the event my pet is hospitalized for more than 48 hours and my attending doctor is unable to reach me, I understand it is my responsibility to call the Hospital at least every 48 hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day. In the event of an open balance, I agree to pay a monthly billing and financing fee equal to 1.5% of the unpaid balance.

I further agree that I, or an authorized agent of mine, will pick up my pet and pay for all accrued charges within 5 days after receiving written or oral notification that my pet is ready to be released from the Hospital. Such notice will be given at the address maintained on the Hospital's patient/client record or the address listed below. I agree that if I fail to comply with this policy, (FCVH) may handle this abandonment in the best interests of the animal and the Hospital.

_____ _____

Signature of Owner or Agent Date

_____ _____

Signature of Parent or Legal Guardian (if owner/agent less than 18 years of age) Date

_____ _____

Address (Only if different than chart) Phone