



# Standard Consent & Client Information

Hospital Use Only		
Wt:	Room#	Time:

Owner's Name: \_\_\_\_\_  
Last First Middle

Spouse's Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number / Street City State Zip

Employer: \_\_\_\_\_  
Self Spouse

Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Spouse's Work: \_\_\_\_\_ Spouse's Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Other: \_\_\_\_\_

## Patient Information

Name: \_\_\_\_\_ Canine / Feline Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: M / F Spayed / Neutered Yes / No Birthdate: \_\_\_\_\_

Regular Veterinarian : \_\_\_\_\_ Hospital / Clinic: \_\_\_\_\_

*By signing this form today, I agree that I am the owner or agent for the owner, of the pet I am presenting for evaluation today and have the authority to sign, comply, and consent to the procedures described to me as well as to provide timely payment for services.*

*All professional fees are due at the time services are rendered, with a 50% deposit required to begin diagnostics and/or treatment. The balance is due at the time the patient is discharged from the hospital. We accept cash, all major credit cards, checks (with proper ID) and CareCredit. There will be a service charge for any check returned unpaid. We are unable to extend credit or to bill you later. We urge you to discuss all fees with the doctor before the services are performed. Estimates for cost of care are available upon request.*

*I have read and understand this authorization and consent. I, the undersigned, have read and agree to the above financial policy; and I understand my financial obligation. Further, I agree to pay all reasonable attorney fees and all of the costs and expenses which may be incurred by a Collector in the enforcement of this agreement.*

*Information and/or photos may be used in teaching, continuing education, web site, veterinary literature, promotional materials, and the like. I authorize the release of case/patient information for such purposes; patient confidentiality will be maintained.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_