

**All Species Animal Hospital
4075 Pleasant Hill Road
Duluth, GA 30096
678-475-1262**

CONDITIONS FOR ADMISSION and CONSENT FOR TREATMENT

Client Name/ Nombre de Cliente: _____ Patient Name/ Nombre de Mascota: _____

1. CONSENT FOR TREATMENT/ CONSENTIMIENTO PARA EL TRATAMIENTO

I am responsible for the above mentioned animal, and have the authority to grant you my consent for Admission and Treatment by this hospital and its medical staff. I authorize all routine hospital procedures, services and treatment, examinations, and diagnostic procedures, including but not limited to the use of x-rays, laboratory specimens, drugs, anesthesia, and surgical operations or procedure as may be ordered by my pet's treating veterinarian(s). I further consent to the observation and participation of personal-in-training and students in my pet's care and treatment. I consent to the disposal by hospital authorities of a specimen, tissue, or parts that may be removed from my pet or my pet's body during hospitalization.

**2. COMPLIANCE WITH HOSPITAL POLICIES AND PROCEDURES/
CUMPLIMIENTO CON LAS POLÍTICAS Y PROCEDIMIENTOS DEL HOSPITAL**

I agree to comply with all hospital policies and procedures, including the hospital's NO SMOKING policy, visitation hours (11am-12pm and 5pm-6pm), drop-off hours (8am-10am), pick up hours (10am-6pm), and payment policies. We will provide all documents needed for the client to submit a claim for reimbursement to their insurance company. I understand that the practice of medicine is not perfect or exact, and this diagnosis and treatment may involve risk of injury or death.

3. GUARANTEE OF PAYMENT/ GARANTÍA DE PAGO

I understand that all professional fees are due at the time services are rendered in the form of cash, MasterCard, Visa, Discover, or American Express. WE DO NOT ACCEPT PERSONAL CHECKS OR CARE CREDIT. WE DO NOT OFFER PAYMENT PLANS. Any pets that have pet insurance will need to pay in full.

4. FOR HEALTH CARE OPERATIONS/ PARA OPERACIONES DE ATENCIÓN MÉDICA:

For quality assessment and improvement, All Species Animal Hospital may use and disclose personal information as part of its operation, including but not limited to evaluating the treatment and services your pet(s) receive and the performance of its staff in caring for your pet(s), provide training, underwriting activities, compliances and risk management activities, planning and development, management, and administration. All Species Animal Hospital may disclose personal information to doctors, technicians, students, attorneys, consultants, accountants, and others for review and learning purposes, ensuring All Species Animal Hospital continues to provide animal health care to its patients at a high level of equality. All Species Animal Hospital may also disclose personal information to other healthcare providers and health plans for such entity's quality assessment and improvement activities, credentialing and peer review activities and health care fraud and abuse detection or compliances.

I, the undersigned owner of the animal, acknowledge that diagnoses are made by individual professionals and no guarantee has been made by All Species Animal Hospital. I acknowledge that no guarantees have been made to me as to the results of examination or treatment by this facility. Violations of any policies or procedures may lead to the refusal of services.

I, the undersigned owner of the animal, do hereby agree that if I take my pet against medical advice, I agree to seek veterinary care for my pet at another facility as soon as possible (i.e. the next morning). If I do not do so, I recognize this may constitute animal neglect/ cruelty.

I, the undersigned, have read and fully understand the conditions for admission and consent for treatment. My signature acknowledges that I have been given the opportunity to satisfy myself by asking questions about this form. I voluntarily give my consent to All Species Animal Hospital for my pet's care, and I accept the conditions of hospital care.

Date/ Fecha: _____

Print Name/ Nombre: _____

Signature/ Firma: _____