



CONDITIONS FOR ADMISSION and CONSENT FOR TREATMENT

Client Name: _____ **Patient Name:** _____

1. CONSENT FOR TREATMENT: I am responsible for the above described 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 treatments, examinations, and diagnostic procedures, including but not limited to the use of X-rays, laboratory specimens, drugs, anesthesia, and surgical operations or procedures as may be ordered by my pet's treating veterinarian(s). I further consent to the observation and participation of personnel-in-training and students in my pet's care and treatment. I also certify that no guarantee or assurances have been made as to the results that may be obtained. I consent to the disposal by hospital authorities of a specimens, tissue or parts that may be removed from my pet or my pet's body during hospitalization.

2. COMPLIANCE WITH HOSPITAL POLICIES AND PROCEDURES: I agree to comply with all hospital policies and procedures, including the hospital "NO SMOKING" policy, visitation hours (10 am to 12 pm and 5 pm to 7 pm) and payment policy.

3. GUARANTEE OF PAYMENT: 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 (no personal checks). I understand that the practice of medicine is not an exact science and this diagnosis and treatment may involve risks of injury or even death. Before any insurance claims are processed payment must be made in full.

NO CARE CREDIT AND NO PERSONAL CHECKS"

4. FOR HEALTH CARE OPERATIONS: All species 24 Hour Animal Hospital may use and disclose personal information as part of its operations, including for quality assessment and improvement, such as evaluating the treatment and services your pet(s) receive and the performance of its staff in caring for your pet(s), provider training, underwriting activities, compliances and risk management activities, planning and development and management and administration. All Species 24 Hour Animal Hospital may disclose personal information to doctors, technicians, students, attorneys, consultants, accountants and others for review and learning purposes, ensure All Species 24 Hour Animal Hospital continues to provide animal health care of its patients at a high level of equality. All Species 24 Hour Animal Hospital may also disclose personnel information to other health care 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 above described animal, acknowledge that diagnosis is made by the individual professionals and no guarantees have been made by the All Species 24 Hour Animal Hospital. I acknowledge that no guarantees have been made to me as to the results of examination or treatment by All Species 24 Hour Animal Hospital.

I, the undersigned owner of the above described animal, do hereby agree that if I take my pet home 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(we), the undersigned, have read and fully understand the conditions of Admission and Consent for Treatment. My signature acknowledges that I have been given the opportunity to satisfy myself by asking questions about the Conditions for Admission and Consent for Treatment. I voluntarily give my consent to All Species 24 Hour Animal Hospital for my pet's care, and I accept the conditions of hospital care. I understand that the practice of Veterinary Medicine is not an exact science and that diagnosis and treatment may involve risks or injury or even death. I further acknowledge that no guarantees have been made to me as to the result of examination of treatment in this hospital.

Client Print Name

Client, Signature

Date