

Firehouse Veterinary Clinic
4 Hedges Pond Rd.
Plymouth, Ma. 02360
508-888-9313

Hospitalization Consent Form

Client ID: *(Filled in
by Staff)*

Client Name:

Address:

Telephone:

Patient ID: *(Filled in
by Staff)*

Name:

Species:

Breed:

Sex:

Color:

Markings:

Birth Date:

I authorize the Firehouse Veterinary Clinic (FVC) and its staff to hospitalize the above described animal, and to administer vaccinations, medications, tests, surgical procedures, anesthetics or treatments that the doctors deem necessary for the health, safety or well-being of the above animal while it is under their care and supervision. I understand that the FVC staff is not in 24 hour attendance.

I have reviewed and understand the estimate given. Firehouse Veterinary Clinic tries to honor their estimates. However, some complications may arise, or treatment made necessary that will lead to increased hospital care costs for my pet. I understand that there is inherent risk and uncertainty in pet care and all medical procedures and a positive outcome is not assured.

I am responsible for payment for all the procedures and treatments in full at the time of discharge. If I neglect to pick up the pet within five (5) days of written notice that they are ready for release (the letter mailed to the above address) you may assume that the pet is abandoned. You are then authorized to rehome the pet as you see fit. I understand that abandonment does not release me of my obligation for the bill.

I agree that in the case of non-payment, finance and billing charges will be charged and that any collection fees or attorney fees will be paid by me.

I have read, understand, and agree to all matters discussed above.

Signature _____

Date _____

Print Name: _____

FVC Staff Initials _____