

Waukee-Clive Veterinary Clinic

Hospitalization/Treatment Consent Form

Owner's Name: _____

Address: _____

City/State/Zip: _____

Contact Number for you today: (Home) _____

(Cell) _____

(Work) _____

Pet's Name: _____

Sex: _____

Age: _____

In order to better serve you, please provide an approximate pick up time: _____

I certify that I am the owner or have assumed financial responsibility for the above described animal and I do hereby consent and authorize the Waukee-Clive Veterinary Clinic, P.C. and its staff to hospitalize this animal and to administer any vaccinations, medications, tests, surgical procedures, anesthesia, or treatments that the doctors deem necessary for the health, safety, or well-being of the above described animal while it is under their care and supervision.

In case of need for medical treatment, please indicate your directions:

_____ Use doctor's best judgment

_____ Call me before any treatment

_____ Doctors may treat without notice up to \$200.00

If this animal should be injured in an escape attempt, refuse food, soil itself, become ill, or die while in the hospital, I will hold the Waukee-Clive Veterinary Clinic, P.C. free from any responsibility and/or liability in the absence of gross negligence.

I further realize that if I neglect to pick up the animal within five (5) days of a written notice that the pet is ready for release, which will be mailed to the above address, Waukee-Clive Veterinary Clinic, P.C. may assume that the pet is abandoned. Waukee-Clive Veterinary Clinic, P.C. is then authorized to humanely destroy and/or dispose of the animal as they deem fit.

I further agree that in case of non-payment, a finance charge of \$2 per month (\$24 annually) will be charged, and that any collection fees and/or attorney fees that may be incurred in the collection of this debt will be paid by me.

Parasites: If it is determined that your pet(s) has internal (worms, etc.) or external (fleas, mites, etc.) parasites we will treat the animal for the specific parasites at an additional charge to you, the owner.

Waukee -Clive Veterinary Clinic requires that your pet(s) be current on the following vaccinations:

Dogs: Rabies, DAP (Distemper, Parvo), Lepto, Bordetella, Heartworm Test, and Fecal Exam

Cats: Rabies, FVRCP, and Fecal Exam

If your pet was vaccinated at another clinic, please provide us with the name and phone number of that clinic. If we are unable to verify current vaccinations, your pet(s) will be vaccinated while in the clinic at an additional expense to you.

Owner/Agent Signature

Date