



## TREATMENT CONSENT FORM

(Consent forms are required by the *American Animal Hospital Association*)

I, the undersigned owner, or owner's agent, of the pet identified above, certify that I am / I am not (circle one) over **eighteen** years of age, and thereby authorize the staff veterinarians at Shallowford Animal Hospital to examine, prescribe medication for, treat, perform diagnostic tests, hospitalize, anesthetize and/or perform surgery on my animal. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required, and my attending veterinarian be unable to reach me, Shallowford Animal Hospital's staff has my permission to provide such treatment and I agree to pay for such care.

I understand that an estimate of the costs for veterinary services will be provided to me if requested and that I am encouraged to discuss all fees attendant to such care before services are rendered and during my pet's ongoing medical treatment. If my pet is hospitalized, I agree to assume financial responsibility for the balance of all services rendered on a cash, credit card or check basis at the time my pet is discharged from the hospital. In the event my pet is hospitalized for more than 48 hours and my attending doctor is unable to reach me, I understand it is my responsibility to call the hospital at least every 48 hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day. In the event of an open balance, I agree to pay a monthly billing charge of \$5.00 and a monthly financing fee equal to 1.5% of the unpaid balance. I also agree that in the event that my account is referred for collection for non-payment, that I will pay Shallowford Animal Hospital a reasonable attorney's fee for collection of my account. Payment is expected when services are rendered, unless other arrangements are made in advance.

I further agree that I, or an authorized agent of mine, will pick up my pet and pay for all accrued charges within 10 days after receiving written or oral notification that my pet is ready to be released from the hospital. Such notice will be given at the address maintained on the hospital's patient/client record or the address listed below. I agree that if I fail to comply with this policy, Shallowford Animal Hospital may handle this abandonment in the best interests of the animal and the hospital.

**For the health of all animals under our care, if we encounter fleas during your pets' physical examination, we will administer a CAPSTAR™ tablet at an additional charge of \$6.33.**