

CONSENT FOR HOSPITALIZATION/TREATMENT

Date: _____

Client Name: _____ Patient Name: _____

I authorize and direct the veterinarian(s) of Millerton Veterinary Practice, PLLC to perform surgical, diagnostic and treatment procedures as deemed advisable or necessary for my pet.

Physical Exam for diagnostic purposes

Radiograph

Bloodwork

Other _____

I understand that

- If my pet is nervous or anxious, the clinic will administer a tranquilizer.
- If an infectious process is suspected or if more than one incision must be made, my pet will be sent home on antibiotics.
- Bandaging may be required and will be done at the doctor's discretion.
- Pain control may be administered and/or sent home if necessary for post surgical pain.

Owner's initials _____

PATIENT INFORMATION ON ILLNESS OR INJURY

Problems/Symptoms: _____

Duration of Problems/Symptoms: _____

Appetite: (any changes?) _____

Diet and Amount: _____

Water Consumption: (any changes?) _____

Bowel Movements: (i.e. formed, loose, etc.) _____

Urination: (i.e. increased frequency, difficulty, etc.) _____

LIST ANY MEDICATIONS OR SUPPLEMENTS YOUR PET IS CURRENTLY TAKING WITH DOSAGES:

Additional Services

While my pet is hospitalized, please perform the following procedures in addition to the surgery/treatment listed above. I understand there will be additional cost for these procedures.

Microchip (\$66.00 + registration fee)

Urinalysis (\$53.22)

Fecal Exam for parasites (\$26.00)

Express Anal Glands (\$26.00)

I agree to pay in full for services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. Any estimate of charges or fees for presently planned procedures is only an approximation and the final bill may be less or greater than this amount.

I have read the foregoing and agree.

Signature of
Pet Owner or
Responsible Agent

Phone # where you can be
reached today.
