



The Animal Hospital of Havre De Grace
 Dr. Bradley Price
 2120 Pulaski Highway
 Havre De Grace, MD 21001
 (410) 272 - 8656

Patient Consent Form

Tech _____

Owner:
 Date:
 Home Phone:
 Work Phone:
 Cell Phone:

Pet's Name:
 Species:
 Breed / Color:
 Sex / Age:
 Weight:

I, _____ certify that I am the owner or the authorized agent for the owner of the animal described above. I am responsible for this animal and give the Animal Hospital of Havre De Grace permission to receive, prescribe for, treat, and or operate upon my pet.

I understand that my pet must be up to date on all vaccinations, had pre-surgical blood work and a comprehensive exam both done within the last 30 days prior to any surgical procedure. If proof of vaccinations is not presented at the time of drop off, or these requirements are not met the vaccinations and other services will be given to my pet and I will be financially responsible.

If my pet becomes ill or an emergency rises, I authorize The Animal Hospital of Havre De Grace to perform diagnostics and treatment medically necessary for the health and comfort of my pet. **If the charges exceed \$50 (above the listed procedures), every attempt will be made to contact me. However, services WILL NOT be withheld if I am unreachable. For charges less than \$50 (above the listed procedures), NO attempt will be made to contact me. I will be financially responsible for these services rendered.**

IN AN EMERGENCY, PLEASE CALL:

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

If I cannot be reached please contact:

Name: _____

Phone Number: _____

If I or my emergency contact listed above cannot be reached, I direct the veterinarians and staff of the Animal Hospital of Havre De Grace to:

- Do everything necessary for the health of my pet.
- Do only those procedures authorized and life saving measures if needed.
- Do only life saving measures as needed

When was the last time your pet had food? _____

When did your pet have water last? _____

Does your pet have any allergies? _____

What other illness/injury has your pet had? _____

Has your pet had seizures? _____

What medications is your pet taking? _____

Please check all boxes as you read them:

- I understand that payment for these procedures are due when performed and that I am responsible for these charges. I also understand that a certificate is only for the spaying or neutering

procedure alone. The acceptance of a certificate is a charitable contribution by this clinic to the community. As well as that reimbursement from a certificate does not cover our operating costs.

I understand that diagnostic procedures such as heartworm testing, urinalysis, ECG, and radiographs are recommended prior to any surgical procedure and that if these procedures are declined, I assume all responsibility for additional risks or complications resulting from refusal of these services.

I understand that control of a contagious disease is a priority and that any contagious problems such as, fleas, mites, infection etc. will be treated and I will be responsible for the additional charges.

I understand the veterinarians and staff of the Animal Hospital of Havre De Grace will use all reasonable precautions to prevent injury, escape or death of my pet.

I understand that a staff member of the Animal Hospital of Havre De Grace may not be on the premises from the close of the business to opening of the business the next day, but all due care will be taken to anticipate and provide for the needs of my pet.

I agree to hold the Animal Hospital of Havre de Grace, the veterinarians and staff of the Animal Hospital of Havre De Grace harmless in the absence of negligence, for any injury, exposure to contagious disease, exposure to infestation, escape, complications, side affects, or death occurring associated with boarding or treatment. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained from any treatment that may be performed.

What procedures are being performed on your pet today? _____

Are there any other procedures you would like done while your pet is with us? _____

If your pet is sick, what symptoms are they experiencing? _____

How long has your pet been experiencing these symptoms? _____

Are there any injuries on your pet's body? If so where? _____

Please describe any incidents that may relate to the pets current condition. _____

I understand that if my pet is not picked up within 7 days after the time specified for pick up and if the doctor is not notified in writing of an alternate date within this period, the animal will be considered abandoned. The pet will then become property of the Animal Hospital of Havre De Grace and will be surrendered as the doctor sees fit. It is also understood that this does not relieve me from paying for all costs of services, boarding and any other fee's while the animal was in the Animal Hospital of Havre De Grace's care.

I acknowledge that there are certain risks to anesthesia that could involve serious bodily injury or death to my pet and that these risks are present in any procedure that requires a general or intravenous anesthetic. I agree to the use of anesthesia as considered necessary and advisable by the veterinarian.

I have read and understand all of the above terms and conditions.

Owner or Responsible Party

Date

