

Hospitalization Form

Date: _____

Time: _____

I, the undersigned owner or authorized agent of:

Patient: _____ DOB _____/_____/_____ Sex: _____

Species: _____ Breed: _____ Color: _____

Hereby authorize Leon Valley Veterinary Hospital and its designated associates or assistants to administer such treatments and perform such procedures, including anesthesia, as are considered therapeutically and/ or diagnostically necessary for the care of my animal. In the event that an emergency treatment is required and I can not be reached, I authorize the veterinarian(s) and assistants to perform such medical treatment as is necessary to preserve the life of the patient until I can be contacted for further authorization. I understand that no guarantee of successful treatment is made or implied. I hereby release the veterinarians and assistants from any and all claims, except claims for negligence, arising out of or connected with the performance of his/her treatment.

In the event my pet is abandoned, I hereby authorize humane disposal of such pet, unless the pet is picked up and accrued charges are paid in full within 12 days after written notice has been made to me that the animal is ready to be released from the hospital.

All animals entering the hospital must be up to date on all vaccinations and free of parasites (fleas, ticks, etc.) or they will be treated upon entry at the owner's expense.

I also authorize the hospital to obtain any medical information from the previous veterinarian that might be needed during the above-named animal's stay in the hospital.

I accept financial responsibility for the treatment of the above-named animal and I understand that payment in full is due upon the release of this animal from the hospital or when service is otherwise terminated.

I have read and understand the above information in full and my questions have been answered.

Print name: _____
(Owner or authorized agent)

Sign name: _____

Home phone: _____

Work phone: _____

Other: _____