

CONSENT FOR TREATMENT
Single Animal and/or Multiple Animals

I, the undersigned owner, or owner's agent, of any animal brought by me into Animal Care center, certify that I am / I am not (Circle one) over eighteen (18) years or age, and thereby consent to the examination and treatment of my pet(s) by staff Veterinarians at Animal Care Center. After consultation with me, I authorize the staff veterinarians of the Animal Care Center to perform diagnostic testing for, prescribe medication for, treat, hospitalize, anesthetize, and/or perform surgery on my animal(s). 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 illness needing medical attention or life-saving emergency care be required, Animal Care Center's staff has / does not have my permission to provide such treatment and I agree to pay for such care. Such medical attention and/or life-saving emergency care permission shall also apply to pets boarding at the Animal Care Center.

I understand that, upon request, an estimate of the costs for veterinary services will be provided to me 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, and if requested, I agree to pay a deposit of 50% of the estimated fees and assume financial responsibility for the balance of all services rendered on a cash, credit card, check or authorized payment plan 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 Animal Care Center at least every 24 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 fee (\$5.00) and financing fee equal to 1.5% of the unpaid balance. Payments are due on the 10th of each month. Payments received after the 15th are subject to a \$5.00 late fee.

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 and phone number maintained on the hospital's patient/client record. I agree that if I fail to comply with this policy, Animal Care Center will handle this abandonment in the best interests of the animal and/or the hospital, and in accordance to NAC 638.051.

_____ ***I acknowledge that the presence of qualified personnel may not be present at all times beyond normal business hours.*** As such, I reserve the right, or the staff veterinarian of the Animal Care Center may recommend, to transport my pet to a full service, off hours, emergency care facility (e.g. Animal Emergency Clinic) for the hours when qualified personnel are not present. I understand that my pet will need to be returned to the Animal Care Center when the emergency care facility closes. All services and financial arrangements made between me and the emergency care facility are independent of the services provided by the Animal Care Center.

_____ I further agree, and confirm, that this CONSENT FOR TREATMENT will remain enforce unless written notice is given by either party, and will apply to all pets brought to the Animal Care Center.

Signature of Owner or Agent	Print Name	Date
Signature of Parent, Legal Guardian Or responsible party, if owner/agent Is less than 18 years of age	Print Name	Date