



HOSPITAL ADMISSION CONSENT FORM

Owner: _____ Spouse: _____ Date: _____

Mailing Address: _____

City, State, Zip: _____

Physical Address (if different from above): _____

City, State, Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other Phone #: _____

Trainer/Agent Name: _____ Phone #: _____

Patient Name: _____ Age: _____

Breed: _____ Color: _____

Sex: Mare Gelding Stallion Male Female Neutered Male Spayed Female

Referring Veterinarian: _____

Reason for Visit: _____

I am the owner or agent of the above named animal or am responsible for it and have authority to execute this consent. I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension or addition of the foregoing procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I hereby authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved. I realize that results cannot be guaranteed. I agree to indemnify and hold you harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

Payment for all services rendered is required at the time of the animal's release. Please make arrangement for payment prior to this time. This undersigned form gives Animal Imaging the right to check credit standings through any consumer credit reporting agencies. In any case of payment arrangements, a finance charge computed at a periodic rate of 1.5% per month (annual percentage rate 18%, will be applied to all accounts unpaid after thirty (30) days. The minimum finance charge will be \$0.50. Animal Imaging also has the right to apply any or all delinquent balances to any credit card account number on file. The purchaser will be responsible for all collection costs if this invoice is not paid pursuant to its terms and conditions.

I authorize Animal Imaging to use my pet's (cat, dog, horse) photograph or medical images for either social media or educational purposes. **I have read and understand this authorization and consent.**

Signature of legal owner or responsible person Position of responsible or authorized person Date