

Lincoln Avenue Cat Hospital
133 Lincoln Ave
Fair Lawn, New Jersey 07410
Phone: 973-427-0990 Fax: 973-427-4770

Consent Form for Admission

Pets Name: _____

I, the undersigned owner responsible for seeking veterinary care for the pet identified above, certify that

I am _____ I am not _____ eighteen years of age or over.

(Check One)

I consent to the examination of this pet by staff veterinarians at the Lincoln Avenue Cat Hospital

I understand that an estimate of the fees for veterinary services will be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered and during my pet's ongoing medical treatment. If my pet is hospitalized, I agree to pay a deposit of **50%** of the estimated fees. I agree to assume financial responsibility for the remaining fees and will provide payment via cash or credit card when my pet is discharged from the hospital. In the event my pet is hospitalized for more than forty-eight hours and the attending doctor is unable to reach me, I understand it is my responsibility to call at least every forty-eight hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day.

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours

I further agree that I, or an authorized agent of mine, will pick up my pet and pay for all accrued charges within five days of receiving oral or written notification that my pet is ready to be released from the hospital. Such notice will be given at the address maintained on the hospital's patient/client record. I agree that if I fail to comply with this policy, this practice may handle this abandonment in a matter that is in the best interests of the pet and hospital.

Consent for Anesthesia and/or Surgery: _____

(Surgery to Perform)

X _____ (Please initial) I consent to sedation +/- anesthesia for safety of the hospital staff performing the physical exam. 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 the attending doctor before the procedure(s) is/are initiated. I understand that I assume all anesthesia risks including death of my pet. I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize, and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. Should unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the hospital staff has my permission to provide such treatment, and I agree to pay for such care. We are not affiliated with AERA or any referral hospital. Our Surgeon (S) is/ARE HIGHLY SKILFULL & DO NOT CLAIM SPECIALITY OR POSSESING BOARD CERTIFICATIONS

Transportation:

X _____ (Please Initial if being transported to our other hospital)

I consent to the transportation of my pet to this hospital's other office at 428 Fairfield Rd, Fairfield NJ. I understand that the Dr. or an employee of the hospital will be transporting my pet and accept full responsibility for this decision.

X _____ (Please Initial) In the rare occasion that my pet is soiled before being picked up, I authorize the staff to clean/bathe my pet properly as the hospital sees fit.

X _____
Signature

Date

X _____
Witness

Date