



*Pennsylvania Veterinary Specialty
and Emergency Associates*

HICKORY VETERINARY HOSPITAL

2303 Hickory Road

Plymouth Meeting, PA 19462

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CONSENT FOR TREATMENT

Species: _____ **Breed:** _____ **Sex:** ____ **Color:** _____ **Age:** _____

I, the undersigned owner, or owner's agent of the pet identified above, hereby consent to the examination of _____ by staff veterinarians at **Hickory Veterinary Hospital** and after consultation with me to prescribe medication for, treat, hospitalize, anesthetize or perform surgery on my animal. I have been advised as to the nature of the procedures of operations and have been encouraged to discuss any concerns I have about the risks with the attending veterinarian. I realize that results cannot be guaranteed. Should some unexpected life-saving emergency care be required:

(Owner's initials) _____

Hickory Veterinary Hospital staff has my permission to provide emergency resuscitation and I agree to pay for such care.

(Owner's initials) _____

Hickory Veterinary Hospital does not have permission to provide emergency resuscitation.

I understand that an estimate of the costs for veterinary services will be provided to me upon request, and I am encouraged to discuss all fees attendant to such care before services are rendered and during my pet's admission. I agree to pay a deposit of one half (1/2) of the estimated fees on admission. I agree to assume financial responsibility for the balance of ALL services rendered on a cash, credit card, MAC or check basis at the time my pet is discharged from the hospital. In the event of an open balance, I agree to pay a 1 1/2% per month finance fee.

If the doctor in attendance is unable to reach me, I understand that it is my responsibility to call the hospital to inquire as to the medical status of my pet and the fees incurred.

I further agree that I, or an authorized agent of mine will pick up and pay for all accrued charges on my pet within 5 days after receiving written or oral notification, that my pet is ready to be released from the hospital. This notice will be provided to the address or phone number on record at **Hickory Veterinary Hospital**. I agree that if I fail to comply with this policy, **Hickory Veterinary Hospital** may handle this as an abandonment and act in the best interests of itself and the animal.

Signature of Owner or Agent

Date

- Telephone Numbers**
- 1.)
 - 2.)
 - 3.)

Receptionist's/Technician's Initials: