

Jackson Square Animal Clinic
Hospitalization and Surgery Release Form

Day Time Phone Number _____ In Case of
Emergency _____
Owners
Name _____
Address _____
Pet's Name _____ Breed _____ Color _____

I certify that I am the owner/agent for the above animal(s) and have the authority to execute this consent.

I do hereby consent and authorize the performance of the following procedure(s) or operations(s).

(Vaccines or proof of vaccination are required by this veterinary clinic)

I understand that during the performance of procedures(s) or operations(s), unforeseen conditions may be revealed that necessitate an extension of the procedure(s) or operations(s) or different procedures or operations than those set forth. Therefore I hereby consent to and authorize the performance of such procedures or operations as are necessary and desirable in the veterinarian's professional judgement. While I expect all procedures to be performed to the best of the staff's abilities, I realize the clinic makes no guarantee regarding the results. If my animal should injure itself, escape, fail to eat, become ill or die, I won't hold Jackson Square Animal Clinic and its employees responsible. I expect the clinic to use reasonable precautions to ensure my pet's safety.

I also authorize the use of appropriate tranquilizers, anesthetics and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. **We believe that pain medicine should be used if needed** and we will administer and charge for pain medications after many procedures.

I realize that I am responsible for payment of all above-mentioned procedures and operations in full at the time the animal is discharged, and that my animal may not be released to me until that balance is paid in full. _____ (initials)

If I neglect to pick up the animal within ten days of written notice of release to the address of record, we may assume that the animal has been abandoned. JSAC is then authorized to dispose of it as we see fit. Abandonment does not release me of my obligation for payment of said bill.

I further agree that in case of nonpayment I will pay a finance charge of 1.5 percent per month (18 percent per annual), and any and all collection or attorney's fees incurred by Jackson Square Animal Clinic relating to this matter. Returned checks are processed through an outside agency.

Before anesthesia or surgery it is sound medical procedure to perform blood tests on the animal to try to discover subclinical anemia, organ disease or dehydration.

Cost is \$81.79.

I (check one) DO DO NOT At Doctor's Discretion **wish blood work on my animal.**

I realize that dental prophylaxis may require removal of badly diseased teeth in addition to plaque and tartar removal. _____(initials)

Owner _____ Date _____