

CLIENT AGREEMENT FORM

Receptionist: _____

Date: _____

Name: _____
Please Print

Address: _____

(Please read carefully)

TREATMENT AND CARE

I, the undersigned, am authorizing the staff of Colony Animal Hospital to administer treatment, perform diagnostic and prophylactic procedures, and care for my pet(s). I consent to the administration of medications, including analgesics sedatives, tranquilizers, anesthetics as may be deemed necessary by the attending veterinarian.

PREVENTIVE HEALTHCARE REQUIREMENTS

I understand that in an effort to prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccinations and free of internal and external parasites. Official medical records have to be on-file to confirm the medical status of my pet. All animals will be treated for fleas at the expense of the owner. A fecal flotation will be performed on all animals that are not on a regular deworming program, or which have diarrhea during their hospitalization. I hereby authorize the veterinarian to provide vaccines and parasite control and administer preventive measures as needed for my pet if it spends the night in the hospital. All costs incurred will be the responsibility of the undersigned.

WARRANTIES AND LIABILITY

I acknowledge that no assurance, guarantee, or warranty has been made as to the results of treatments, procedures, or surgery. I am aware that every surgical procedure, treatment, and anesthesia, even performed on a healthy animal, carries a certain amount of risk and probabilities of complications. I understand that the staff of Colony Animal Hospital will make every reasonable attempt to safely and proficiently care for my pet. Colony Animal Hospital or its staff will not be held responsible in any manner whatever or any circumstance, on account of the care, treatment, or safe keeping of my pet, or otherwise in connection therewith.

IN CASE OF EMERGENCY

I understand that conditions not known may make it advisable that additional treatments, procedures, or surgery be performed on my pet. I understand that every reasonable effort will be made to contact me before such procedures are performed. However, until I can be contacted I direct the staff of Colony Animal Hospital to perform any reasonable procedure to treat my pet as may be deemed necessary by the attending veterinarian. I will bare full financial responsibility for any costs incurred.

ABANDONED PETS

Pets that remain in the hospital for 5 days past the discharge date, without notification by, communication with, or pre-arrangement by the owner will be considered abandoned. I hereby acknowledge that I realize that pets, which are considered abandoned, will be disposed of as deemed necessary by Colony Animal Hospital and I will be responsible for all fees incurred.

FINANCIAL STATEMENT

I bear full financial responsibility for any and all costs incurred for the treatment and care of my pet, and I am aware that **all outstanding accounts are payable in full when services are rendered**. Payment can be made by cash, check, MasterCard or VISA. Any Account not paid in full will incur finance charges of 18% annually together with all costs of collection, including attorney's fees of 33.33%

I have read and acknowledge the above statements _____

Signature

_____ Date