

ANIMAL SURGICAL & EMERGENCY CENTER

Authorization For Medical Care

I am the owner, or authorized agent of the owner, of the above named animal and have authority to execute this consent.

I hereby authorize the admitting veterinarian, and any designated associates or assistants, to perform an examination, and such diagnostic, surgical or therapeutic procedures as may be then agreed upon.

I also authorize the use of such anesthetics, sedatives or tranquilizers as you deem advisable, for the performance of such diagnostic, surgical or therapeutic procedures as you determine to be indicated.

I hereby certify that I have read and fully understand this authorization for medical and/or surgical treatment, the reason why such medical and/or surgical treatment is considered necessary, as well as its advantages and possible complications, if any.

I further understand that no guarantee of successful treatment is made. With any anesthetic, medical, and/or surgical procedure there are inherent risks, including but not limited to infection, damage to the surgical site by re-injury or by the patient chewing the area, abnormal heart rhythms or stroke resulting in death while hospitalized, during surgery or within several days afterward, persistent lameness after limb surgery, persistent paralysis after spinal surgery, etc.

I also understand that a fee will be charged for consultation, examination, and/or services performed. I assume financial responsibility for all charges incurred to patient, and agree to pay all such charges at the time of release of such patient. The Animal Surgical & Emergency Center is authorized to arrange disposition of said animal unless the owner, or authorized agent of owner, calls for and pays all accrued charges on the animal within three (3) days after notification that the animal is ready to be released from the hospital. I understand this action will not, however, relieve me of paying all charges for services rendered, and all legal and/or court costs incurred in connection with collection for services.

FINANCIAL POLICY

1. **Payment for all services is due when your pet is released.** Acceptable payment forms are: cash, check, American Express, MasterCard, Visa or CareCredit. We cannot accept other credit cards, second party checks, out-of-state checks, or temporary checks. We will require identification with a valid Calif. Driver's license.

We are unable to reverse charges from a credit card or check.

2. **Please understand that we are not a credit or billing facility. WE PROVIDE VETERINARY CARE.** Payment in full is expected when your pet is released.

3. **If you wish to make partial payments,** or other arrangements, please consult your bank or credit agency prior to discharge. A monthly finance charge of 1.5 %, plus late charges, will be added to past due balances. We reserve the right to accept late or partial payments, as well as payments that reflect "paid in full" or other restrictive endorsements, without losing any of our rights to collect full payment under this agreement or other consent forms signed by you.

4. **The doctor will give you an estimate for medical services.** There is a required deposit of 100% of the lower end of the estimate. We cannot provide medical services until a consent form is signed and a deposit has been made. Depending on how long your pet remains in the hospital and what costs are incurred, supplemental additional deposits may be required during the period of hospitalization.

5. **The doctors will provide a daily report** via phone regarding your pet's medical condition. If additional services are recommended, the doctor will discuss the associated costs with you, to obtain your approval prior to such services.

VISITATION: I have read, understand, and agree to the visitation policy for hospitalized patients.