



**HOSPITAL ADMISSION STATEMENT
AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT**

Owner _____ Pet's Name _____ Admission Date _____

PROCEDURE _____

ESTIMATED DURATION OF HOSPITALIZATION _____ DAYS

INITIAL ESTIMATE \$ _____

1. I hereby authorize and direct the veterinarians of Phoenix Animal Hospital to perform the above procedures and additional diagnostic testing and/or treatment as deemed advisable or necessary for my pet.
2. The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risk involved in any medical procedure or treatment.
3. The following safety precautions are recommended by the doctors at Phoenix Animal Hospital prior to any anesthetic procedure, especially for ANY PETS OVER 5 YEARS OF AGE. These precautions may detect organ or metabolic abnormalities which may complicate an anesthetic procedure, or help aide my pet in an emergent situation:

	Accept	Decline	
Pre-anesthetic blood work	_____	_____	(\$)
Intravenous catheter	_____	_____	(\$)
FelV/FIV/Heartworm Test	_____	_____	
Microchip	_____	_____	(\$)
Elizabethan collar	_____	_____	(\$)

I have indicated those safety precautions I accepted or declined by initialing the appropriate spaces. I understand that I will be responsible for any fees incurred for each that I have accepted.

4. I agree to pay, in full, for the services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. The above estimate of charges for planned procedures/treatment is only an estimate, and the final bill may be greater or less than this amount. The staff at Phoenix Animal Hospital will make all reasonable attempts to notify you in case charges are more than estimated.

Payment will be made by: _____ CASH _____ CHECK _____ VISA/MASTERCARD/DISCOVER _____ Care Credit

I have read the above conditions of this hospital and authorize treatment for my pet.

Signature of Owner or Responsible Agent

_____ Date _____ Contact phone number _____