

CONSENT FOR HOSPITALIZATION/TREATMENT DATE: \_\_\_\_\_

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

I authorize and direct the veterinarian(s) of Millerton Veterinary Practice, PLLC to perform surgical, diagnostic and treatment procedures as deemed advisable or necessary for my pet.

Physical Exam for diagnostic purposes  
 Bloodwork  
 Fecal exam for parasites

Urinalysis  
 Radiograph  
 Other: \_\_\_\_\_

**I understand that:**

- If my pet is nervous or anxious, the clinic will administer a tranquilizer.
- If an infectious process is suspected or if more than one incision must be made, my pet will be sent home on antibiotics.
- Bandaging may be required and will be done at the doctor's discretion.
- Pain control may be administered and/or sent home if necessary.

**OWNER'S INITIALS:**

Problems/Symptoms: \_\_\_\_\_  
\_\_\_\_\_

Duration of Problems/Symptoms \_\_\_\_\_  
\_\_\_\_\_

Appetite: (any changes?) \_\_\_\_\_  
\_\_\_\_\_

Diet and Amount (in cup measurement) \_\_\_\_\_

Water Consumption: (any changes?) \_\_\_\_\_

Bowel Movements: (i.e. formed, loose, etc.) \_\_\_\_\_

Urination: (i.e. increased frequency, difficulty, etc.) \_\_\_\_\_  
\_\_\_\_\_

LIST ANY MEDICATIONS OR SUPPLEMENTS YOUR PET IS CURRENTLY TAKING INCLUDING DOSAGE.

**Additional Services: Please indicate (X) which additional services you would like performed.**

While my pet is hospitalized, please perform the following procedures in addition to the treatment listed above. I understand there will be additional cost for these procedures.

Nail Trim (19.46)

Microchip (\$69 + registration fee)

Express Anal Glands (\$28.00)

Other: \_\_\_\_\_

I agree to pay in full for services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. Any estimate of charges or fees for presently planned procedures is only an approximation and the final bill may be less or greater than this amount. I have read the foregoing and agree.

\_\_\_\_\_  
Signature of Pet Owner or Responsible Agent

\_\_\_\_\_  
Phone # where you can be reached today.