



## HOSPITAL ADMISSION AND TREATMENT PLAN AUTHORIZATION

<b>Owner:</b>	<b>Pet's Name:</b>
<b>Reason for Admission:</b>	<b>Admission Date:</b>

Your pet is being admitted to Eagle Animal Clinic for hospitalization and/or treatment of the above listed procedure, injury, or illness. Please be assured that the health, safety, and comfort of your pet are of the utmost importance to the doctors and staff of Eagle Animal Clinic. Therefore, your pet will be closely monitored by our experienced medical team throughout his or her hospital stay.

**Please INITIAL only ONE of the following:**

- ( ) Following the your pet's exam, the medical team has your permission to proceed with the signed Treatment Plan as deemed necessary by the attending doctor without contacting you for further consent. If additional treatments or diagnostics are needed, you will be contacted by a member of the medical team before we proceed.
- ( ) Following your pet's exam, you would like the doctor to make every attempt to contact you by phone at the number(s) you have provided below. In the event that you or your spouse/significant other cannot be immediately reached (*we will allow 30 minutes for a return call*), you are providing permission for the medical team to proceed with the signed Treatment Plan as deemed necessary by the attending doctor.
- ( ) Following your pet's exam, you would like the doctor to contact you by phone at the number(s) you have listed below before continuing with the Treatment Plan. In the event that you or your spouse/significant other cannot be reached at the number(s) provided you are requesting that no additional treatments, with the exception of pain management, be provided. **Please understand that by selecting this option, it may lead to your pet's treatment being delayed or rescheduled; and/or necessitate your pet being referred to an after hours emergency hospital for continued medical care.**

Once the doctor has completed your pet's physical exam, there may be changes or adjustments to the Treatment Plan depending on the medical assessment or diagnosis of your pet's condition. If the total cost of the adjusted Treatment Plan exceeds that of the initial one provided, the doctor or a member of the medical team will contact you before proceeding.

In cases of sick or injured pets, the doctor will attempt to reach you, as soon as their schedule permits, with information regarding your pet's treatment and/or diagnosis. Also, a member of our medical team will contact you immediately if there are any major changes in your pet's condition(s); or upon completion of a medical procedure or treatment.

As the owner (or authorized agent of the owner) of the pet listed above, you are authorizing the doctors and staff of Eagle Animal Clinic to perform the procedures, anesthetics, and diagnostics listed on the Treatment Plan, as per your selection marked above.

In the event that your pet is anesthetized or sedated, you understand that regardless of an animal's age or apparent health status, all anesthetic and sedation procedures have an element of risk including, but not limited to stroke or death. Furthermore, you understand that there is no guarantee as to the results or cure of the pet. Should unexpected, life-saving emergency care be required, and the hospital staff is unable to reach you immediately, the doctor's and medical staff has your permission to provide any and all necessary emergent treatments.

The provided Treatment Plan for the above listed procedure(s) is only the best approximation and therefore cannot be guaranteed. Also, it does not include fees for services deemed necessary for medical or surgical complications of otherwise unforeseen circumstances. You are agreeing to pay, in full, for all services rendered upon discharge of your pet from the hospital.

**Please note that some cases may require a 50% deposit of the minimum amount listed on the Treatment Plan total upon the pet's admittance into the hospital, and/or before any service or treatment is initiated. In all cases, payment in full is required upon the pet's discharge from Eagle Animal Clinic.**

**By signing below, you are indicating that you are at least 18 years of age, have read and understand the Hospital Admission and Treatment Plan Authorization, and have had any of your questions and/or concerns addressed to your satisfaction.**

\_\_\_\_\_  
 Signature of Owner/Authorized Agent                      Date                      Today's Contact Phone Number(s)

Today's preferred method of contact for non-urgent updates:  Call: \_\_\_\_\_  Text: \_\_\_\_\_

E-Mail: \_\_\_\_\_