



**DETROIT DOVER
ANIMAL HOSPITAL, INC.**

27366 Detroit Road
Westlake, Ohio 44145
440-871-5220
www.detroitdoveranimalhospital.com

Client Name: _____ Date: _____

Patient Name: _____ Account / File #: _____ / _____

Procedure(s): _____

I certify that I own the above animal and do hereby consent and authorize Detroit Dover Animal Hospital, Inc and its staff to hospitalize my pet, and to administer medications, surgical procedures, vaccinations, anesthetics, laboratory tests and/or treatments that the veterinarians deem necessary for the health, safety, and wellbeing of the above pet while it is under their care and supervision.

I understand the inherent risk of anesthesia, surgery and medical treatment. I will not hold Detroit Dover Animal Hospital, Inc. and its staff responsible or liable if my pet becomes ill or dies while hospitalized.

I further realize that I am responsible for payment of all procedures and treatments in full at the time the pet is discharged. Special arrangements have been made for _____ to pick up my pet. I will see that the bill is paid in full (Initials) _____. If I neglect to return for my pet within five (5) days notice that it is ready for release, Detroit Dover Animal Hospital, Inc. may assume the pet has been abandoned. Detroit Dover Animal Hospital, Inc. is then authorized to place pet as they deem necessary. Abandonment does not release me of my obligation for payment of the bill in full.

Your pet is having the above procedure(s) today. The attending veterinarian and/or technician will keep you informed as to your pet's condition during its stay in the hospital. Since your pet's medical condition may change while undergoing treatment, the initial estimated cost may also change, reflecting the needed procedures. We will try to keep you updated to these changes in medical and surgical costs. If discomfort is anticipated after the procedure(s), pain medication will be administered, and if necessary, will dispensed upon release.

A convenient time to check for any retained baby teeth is when your pet is scheduled for a spay or neuter surgery. Retention of these baby teeth may cause permanent teeth to grow in misaligned or may cause mouth odor due to food becoming lodged between teeth. If any retained baby teeth are found at time of anesthesia, I give Detroit Dover Animal Hospital, Inc. permission to extract them (initials) _____.

Microchip implantation is a form of permanent identification and is recommended for all pets. It is available for an additional charge and can be done while your pet is under anesthesia. Yes, I would like my pet microchipped while here for the above procedure(s) (initials) _____.

My pet is currently taking the following medication _____ . The last dose was given at _____.

SIGNATURE: _____

DAYTIME PHONE: _____

All animals admitted to the animal hospital will be checked for fleas. Any pet found to have fleas will be treated at the owner's expense, to prevent flea exposure to other pets. We recommend all pets be on flea prevention before being admitted to the hospital.

****We are not responsible for any items lost and/or left during your pet's hospitalization****