

Mason Family Pet Hospital
HOSPITAL CHECK-IN FOR POCKET PETS
SURGICAL & MEDICAL RELEASE FORM

*** PLEASE READ CAREFULLY, MARK ALL APPLICABLE ANSWERS, AND SIGN ***

Owner/Agent _____ Pet's Name _____

1) My pet is here for the following scheduled services:

2) While my pet is hospitalized, please perform the following additional services if medically indicated:

Perform a **complete examination**(\$50). This is highly recommended if your pet has not been seen by us in the past year or if you have noticed any health problems.

****All pets having an exam or anesthesia will receive a complimentary nail trim.****

3) Depending upon the procedure, the veterinarian may wish to administer extra post-operative pain medication(s) and dispense some for home use. These medications are optional and could add \$15 to \$25 to your invoice. Do you want pain medication if recommended? YES NO

4) I hereby authorize Mason Family Pet Hospital and its designated associates, technicians, or assistants to treat, anesthetize, prescribe medication for, and perform specific diagnostic tests or surgery on my pet. I have been advised as to the nature of the procedures or operations. I realize that the results cannot be guaranteed. I understand the risks associated with these procedures and know that all reasonable precaution will be taken against injury, escape, or the death of my pet. I will not hold Mason Family Pet Hospital liable in the event of such.

If emergency treatment is required and I cannot be reached, I authorize Mason Family Pet Hospital to perform such procedures as are necessary to preserve the life of my pet until I can be contacted.

I accept full financial responsibility for treatment of my pet and understand that payment in full is due upon release of my pet from the hospital, or when service is otherwise terminated.

I certify that I have read, fully understand, and agree to this authorization and release.

X _____
(Signature of owner or authorized agent)

(MFPH employee witness)

(Phone # where I can be reached TODAY)

Date