

Murphy Road Animal Hospital, P.C.
4408 Murphy Road,
Nashville TN 37209
(615) 383-4241

Hospitalization and Treatment Consent Form

Client Name: _____

Patient Name: _____

Address: _____

Patient Sex : _____

Patient DOB: ___ / ___ / ___

Patient Color : _____

DECLARATION

I am the owner and/or agent of the above-described animal and I do hereby consent and authorize Murphy Road Animal Hospital, P.C. and its staff to hospitalize this animal, and to administer medications, tests, surgical procedures, anesthetics, and treatments that the doctors deem necessary for the health and well-being of _____ under their care and supervision.

I have had the reasons for hospitalization and/or surgery and/or anesthesia and/or treatment explained to me and I am satisfied with plan of management for _____ condition, and no guarantee has been made as to results or cure.

I understand that there may be risks involved in these procedures including death.

Should during a dental procedure it be determined that one or more teeth need to be extracted; you have my permission to do so at my cost.

While undergoing treatment, tests, or surgery, your pet will have its fur shaved at the discretion of the doctor. These sites will include but not be limited to the surgical site, pain patch site, and intravenous catheter site.

I understand that if my pet has fleas or ticks that it WILL be treated with flea and/or tick preventative/adulticide in order to be hospitalized, and I agree to pay for the treatment.

I have also had the likely fees explained to me. I have been given an estimate as to the costs of this treatment, or if I have not, I understand that I may request an estimate, realizing that circumstances may make completely accurate estimates impossible.

I further realize that I am responsible for payment for the above

procedures and treatments and accept responsibility for payment of these fees in full at the time of _____ discharge. If I neglect to pick up _____ within 5 days of written notice you may assume that the pet is abandoned. Abandonment does not release me of my obligation for the bill.

I further agree that in the case of non payment, a finance charge of 1.75% per month (21% per year) will be charged and that any collection and/or attorney fees will be paid by me.

My EMERGENCY contact number that I WILL be available at TODAY or during my

pet's stay is: _____

I prefer to be **called** **texted** (AT&T, Sprint/Nextel, Verizon, Alltel, T-Mobile only, **OUTGOING** messages ONLY, you are responsible for any charges incurred)

If an attempt is made to reach me, and I am unavailable, and the surgical or dental procedure is already underway, the Doctor has my permission to proceed using his best judgment.

While _____ is in the Murphy Road Animal Hospital, P.C. receiving treatment I agree to indemnify the Murphy Road Animal Hospital, P.C., its servants or agents, from any loss or liability which they may incur as a result of any inaccuracy whether intended or otherwise in this, my solemn declaration.

PROCEDURE _____

OWNER or Agent: _____

DATE: _____

WITNESS: _____