



2000 N. Mays St., Suite 112, Round Rock, TX 78664 (512) 643-4170

Hospital Admit and Surgery Consent Form

Name*

First Name

Last Name

Email*

Pet's Name*

Pet's Age

Medical Procedure/Surgery

If Pet is in for surgery

Please trim my pet's nails (No extra fee)

Please microchip my pet (extra fee)

List any additional procedures (if any)

Please check each statement below:

I understand that some risks always exist with anesthesia and surgery.

Should some unexpected life-saving emergency care be required, Animal Care Clinic staff has my permission to provide such treatment, and I agree to pay for such care.

I understand that an estimate of the costs for veterinary services will be provided to me. I understand that this is an estimate only, and that the cost of surgery or treatment may vary.

I agree to assume full responsibility for the balance of all services rendered with cash, check, or credit card at the time my pet is released from Animal Care Clinic.

If I neglect to pick up my pet within 15 days of the above date, you may assume that the pet is abandoned and Animal Care Clinic may assume ownership of the pet.

A 50% deposit is required for all treatments/surgeries. If your pet requires an overnight stay, we will contact you with an updated balance of your account. If the treatment of your pet exceeds the high end of your treatment plan, we will contact you as soon as possible.

Please provide a contact number for today*

Is it ok to text you?*

 Yes No

Signature*

