

**Animal Medical Hospital At Glenwood**  
**Hospital Consent Form**

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Owner's Name: \_\_\_\_\_ Animal Name: \_\_\_\_\_

Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_

**I authorize the performance of the following procedures:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has he/she been fed this morning?** Yes ( ) No ( )

**While my animal is in the hospital today, I would also like the following:**

- |  |  |
|--|--|
| <input type="checkbox"/> Purchase flea and tick prevention   | <input type="checkbox"/> Perform the following bloodwork:<br>_____       |
| <input type="checkbox"/> Purchase heartworm prevention - <i>provided that there are no missed pills and a current heartworm test</i> | <input type="checkbox"/> Refill of the following prescriptions:<br>_____ |
| <input type="checkbox"/> Have a microchip placed (\$69.50)   |  |

**Please note:** Our staff is happy to provide a treatment plan with the associated fees. Please notify our staff if you desire this daily.

***\*\*\* Any animal found to have fleas or ticks upon entering the hospital will be treated at owner's expense.***

**Consent For Service**

I hereby authorize the use of such anesthetics you deem advisable for the performance of the above indicated procedures. I understand that the veterinarian does not occupy the building 24 hours a day, but does observe and care for the animals around the clock as needed. I agree to hold you harmless from and against any and all liability arising out of the performance of any procedures referred to above. I also understand that financial payments for said services are due when rendered and that a deposit may be required at the discretion of hospital administration.

Client's Signature: \_\_\_\_\_ Emergency Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_