

Animal Medical Hospital At Glenwood
Hospital Consent Form

Date: ____/____/____

Owner's Name: <last-name>

Animal Name: <animal>

Species: <species>

Sex: <sex>

Breed: <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:

() Purchase flea and tick prevention

() Perform the following bloodwork:

() Purchase heartworm prevention - *provided that
there are no missed pills and a current
heartworm test*

() Refill of the following prescriptions:

() Have a microchip placed (\$76.50)

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.

Clients Signature: _____ **Emergency Phone #:** (____) _____ - _____

Media Authorization: I grant AMH at Glenwood, Inc. permission to capture my pet(s) image and likeness in photographs, video recordings, or any other media format. I grant them permission to copyright, display, publish, distribute, use, modify, print and reprint such images in business materials such as advertisements, brochures, web site images, or other social media.

Client Signature: _____ **Date:** ____/____/____