

HOSPITALIZATION CONSENT

**COOPER VETERINARY HOSPITAL
5234 Cypress Street
West Monroe, LA 71291**

Last Name: _____ **First Name:** _____

Patient Name: _____ **Sex:** _____

I am the owner of the above-named animal or am responsible for it and have authority to sign this consent. I hereby authorize the treatment of the above named animal for the following condition.

I also authorize Cooper Veterinary Hospital to perform such diagnostic, therapeutic, and surgical procedures as are in their opinion necessary and advisable for treatment and maintenance of my pet's health and well being, including but not limited to the administration of anesthesia and the performance of services involving pathology and radiology. I accept all procedures to be done to the best of the abilities of the professional staff. I realize that no guarantee nor warranty can ethically or professionally be made regarding the results or cure. I also authorize the Doctor and his staff to provide veterinary services as requested or in emergency circumstances to follow through with such procedures as are necessary for the well-being of my pet.

I realize that my pet will be discharged only during regular office hours and when the Doctor or his associates are present and the fee due for its care will be paid in full at that time. I give you a lien & security interest in my animal until payment in full is received for services rendered by Cooper Veterinary Hospital. I realize that in many cases it is impossible to determine in advance the extent of medical or surgical treatment required, but in such cases you will attempt to estimate the cost of the treatment. It is understood that the actual cost may exceed or be lower than this estimate.

FLEA INFESTATION

To prevent hospital infestation, a Capstar tablet will be given to any patient with signs of fleas. The Capstar tablet cost will be added to the final invoice.

VACCINATIONS

For the safety of your pet and others, your pet will receive any necessary vaccinations at current clinic prices

Signed _____ **Date** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Other:** _____

Emergency Contact: _____ **What Relation?** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Other:** _____