

**Escatawpa Animal Clinic, PLLC  
Hospitalization and Anesthesia Consent Form**

Owner: \_\_\_\_\_ Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Authorization and Risk Assessment**

I authorize hospitalization and treatments/anesthesia for my pet. The nature and risks of this treatment plan have been explained to me. I understand that some risks always exist with anesthesia and/or treatments, and I am encouraged to discuss my concerns I have about those risks with my veterinarian before the treatment(s) are initiated. My signature on this consent form indicates that any questions have been answered to my satisfaction.

I certify that I own/have assumed financial responsibility for my pet. I do hereby consent and authorize Escatawpa Animal Clinic doctors and staff to hospitalize my pet. I also hereby authorize the administration of vaccinations, medications, diagnostic blood work, radiographs, surgical procedures, anesthetics, or treatments that the doctor deems necessary for the health, safety, or well-being of my pet while he/she is under the care and supervision of the clinic. I have been informed that an attendant will not be at the clinic 24 hours a day. A staff member will be checking on all hospitalized pets at frequent intervals, but they do not spend the night.

Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients. Doctors and staff will work tirelessly to ensure you pet is provided the best care possible, but unfortunately no outcome can be guaranteed. Hospitalization that requires longer treatment than anticipated, abandonment of pet, or death of the pet does not void the obligation of the bill.

I further acknowledge that I am responsible for full payment of all procedures, diagnostics, treatments, and surgeries provided during time of hospitalization. Payment is due upon pet's discharged from the hospital. Our clinic does not allow charging, billing, or offer payment plans. We do accept Care Credit, the medical credit card; along with Visa, MasterCard, Discover, and American express cards.

A deposit of 50% of estimated cost of treatment is required upon admission. If an estimate is not available, a deposit of \$200 is required.

**I HAVE READ AND FULLY UNDERSTAND THIS HOSPITALIZATION AND ANESTHESIA CONSENT FORM**

**Signature of Pet Owner or Agent** \_\_\_\_\_ **Date**

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Best time of day to call with updates about your pet:** \_\_\_\_\_