

# CLIENT AGREEMENT FORM

Receptionist: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**(Please read carefully)**

## **TREATMENT AND CARE**

I, the undersigned, am authorizing the staff of Hilton Animal Hospital to administer treatment, perform diagnostic and prophylactic procedures, and care for my pet(s). I consent to the administration of medications, including analgesics sedatives, tranquilizers, and anesthetics as may be deemed necessary by the attending veterinarian.

## **PREVENTIVE HEALTHCARE REQUIREMENTS**

I understand that in an effort to prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccinations and free of internal and external parasites. Official medical records have to be on-file to confirm the medical status of my pet. All animals will be treated for fleas at the expense of the owner. A fecal analysis will be performed on all animals that are not on a regular deworming program, or which have diarrhea during their hospitalization. I hereby authorize the veterinarian to provide vaccines and parasite control and administer preventive measures as needed for my pet if it spends the night in the hospital. All costs incurred will be the responsibility of the undersigned.

## **WARRANTIES AND LIABILITY**

I acknowledge that no assurance, guarantee, or warranty will be made as to the results of treatments, procedures, or surgery. I am aware that every surgical procedure, treatment, and anesthesia, even performed on a healthy animal, carries a certain amount of risk and probabilities of complications. I understand that the staff of Hilton Animal Hospital will make every reasonable attempt to safely and proficiently care for my pet. Hilton Animal Hospital or its staff will not be held responsible in any manner whatever or any circumstance, on account of the care, treatment, or safe keeping of my pet, or otherwise in connection therewith.

## **IN CASE OF EMERGENCY**

I understand that conditions not known may make it advisable that additional treatments, procedures, or surgery be performed on my pet. I understand that every reasonable effort will be made to contact me before such procedures are performed. However, until I can be contacted I direct the staff of Hilton Animal Hospital to perform any reasonable procedure to treat my pet, as may be deemed necessary by the attending veterinarian. I will bear full financial responsibility for any costs incurred.

## **ABANDONED PETS**

Pets that remain in the hospital for 5 days past the discharge date, without notification by, communication with, or pre-arrangement by the owner will be considered abandoned. I hereby acknowledge that I realize that pets, which are considered abandoned, will be disposed of as deemed necessary by Hilton Animal Hospital and I will be responsible for all fees incurred.

## **FINANCIAL STATEMENT**

I am responsible for all costs incurred for the treatment and care of my pet. **Payment in full is due when services are rendered.** A late fee of 12.5% or \$25.00, if greater, will be assessed for payments received after the due date. Failure to pay in full within 14 days of services shall be a default, and my account will be turned over collections. I agree I am responsible for all costs, including reasonable attorney's fees of at least 33% of my unpaid balance, and any other amount incurred by Hilton Animal Hospital in collecting my account. A fee of \$37.50 shall be assessed for returned checks. I agree to the jurisdiction and venue of the courts of the City of Newport News.

I have read and acknowledge the above statements \_\_\_\_\_

Signature

Date