All Pets Veterinary Hospital

611 West Street Grinnell, IA 50112 641-236-6869

Welcome! Thank you for giving the All Pets Veterinary Hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

| Mr. Mrs. Owner: | Spouse/ cr:Co-Owner: | | | | | |
|--|----------------------|--------------------|-----------------------|------------|-------------|--|
| Ms. (Las | st First | Initial) | (Last | First | Initial) | |
| Pet(s): | | | | | | |
| | | (Name and br | | | | |
| Owners Social Secu | rity # | | Owners DO | B: | | |
| Address: | | City: | St | ate: | Zip: | |
| Residence Phone: | | V | Vork Phone: | | | |
| Cell Phone: | | Spouse/Co- | Owner Cell Phone:_ | | | |
| If ever necessary, ma Most convenient time | | | No | | | |
| Place of employment | Employer | Title | | Address | _ | |
| Spouse/Co-Owner plac | e of employment | Employer | Title | Add | ress | |
| How did you happen to | choose All Pets Vete | rinary Hospital? | Yellow Pages | Friend | | |
| Other | | | | | | |
| If referred by a friend, v | whom may we thank? | | | | _ | |
| ALL FEES ARE DUI | E UPON RELEASE O | F PATIENT. PL | EASE INDICATE Y | OUR CHOICE | OF PAYMENT: | |
| | | Cash | Check | | | |
| | Once again, we than | k you for giving ι | as the opportunity to | serve you. | | |
| | SIGNAT | URE | Γ | DATE | | |

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AUTHORIZATION FOR MEDICAL and/or SURGICAL TREATMENT

| 1. | I certify that I am the owner or authorized responsible agent of this animal, and have authority to execute this consent. | | | | | | |
|---|---|--------------------------------|------|------------------|--|--|--|
| 2. | I hereby authorize the performance of the following procedures. | | | | | | |
| 3. | I hereby also authorize and direct the veterinarian of the All Pets Veterinary Hospital to use such anesthesia as deemed advisable and perform such surgical or therapeutic procedures as determined to be indicated. | | | | | | |
| 4. | The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risks involved in these procedures including the risk and complication that can occur (including death) if anesthesia is required for the treatment of my pet. | | | | | | |
| 5. | I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications of unforseen circumstances. The estimate of charges for presented planned procedures is only an approximation, and the final bill may be greater or less than this amount. | | | | | | |
| 6. | The owner is financially responsible for any medical or surgical costs to treat any self-induced injuries incurred during any time spent at the All Pets Veterinary, P.C. | | | | | | |
| ALL SERVICES OF THIS HOSPITAL ARE STRICTLY CASH AND MUST BE PAID BEFORE ANIMAL CAN BE RELEASED. | | | | | | | |
| A \$25.00 DEPOSIT IS REQUIRED FOR ALL HOSPITALIZED ANIMALS. | | | | | | | |
| IOW | A STATE LAW REQUIRES T | THAT ALL ANIMA AND DISTEMPE | | NATED FOR RABIES | | | |
| Name_ | Species | Breed | Sex | Color | | | |
| I have | read and agree to the above co | nditions of this hosp | ital | | | | |
| X | Signature of Owner or Respon | acible Acout | | ATE | | | |
| | Signature of Owner or Respon | isiole Agent | D.F | AIL | | | |
| Phone | | | | | | | |

Whenever any animal is left with a veterinarian, boarding kennel, or commercial kennel pursuant to a written agreement and the owner does not claim the animal by the agreed date, the animal shall be deemed abandoned, and a notice of abandonment and its consequences shall be sent within seven days by certified mail to the last known address of the owner. For fourteen days after mailing of the notice the owner shall have the right to reclaim the animal upon payment of all reasonable charges, and after the fourteen days the owner shall be deemed to have waived all rights to the abandoned animal. If, despite diligent effort, an owner cannot be found for the abandoned animal within another seven days, the veterinarian, boarding kennel, or commercial may humanely destroy the abandoned animal.

Emergency

Work

Home