

HOSPITALIZATION FORM

Patient: _____ Owner: _____

Procedure: _____

Your pet has been admitted for testing, treatment, therapy, or other services today! Please be assured that the staff at Bridgewater Veterinary Hospital will use the safest medical care available and that your pet is constantly monitored throughout the procedure. Regardless of a pet's age or apparent health status, all anesthetic and surgical procedures have an element of risk. Please ask your doctor or nurse if you have any questions or need more explanation. **Please initial each paragraph to indicate you have read and understand it.**

_____ I authorize Bridgewater Veterinary Hospital to hospitalize, administer anesthetics and perform surgery and/or treatments, as the doctor feels necessary for the well being of my pet.

_____ I understand upon admission, vaccinations must be current and my pet must be free of external and internal parasites (fleas, ticks, worms) or these will be treated at time of admission and charged accordingly.

_____ I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) on treatment plan. I expect Bridgewater Veterinary Hospital to use reasonable care and judgment in performing these procedure(s). While I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the pet/patient.

_____ I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. Any estimate of charges or fees for presently planned procedures is only a best approximation, and the final bill may be less or greater than this amount. All services are strictly cash, check, credit card, or debit card and must be paid before the patient can be released.

_____ I have received a written treatment plan of the estimated cost of the procedure(s). I understand this is based on anticipated fees and not a guarantee of the final charges. **I also understand hospital policy requires a minimum of a 50% deposit, based on the high estimate, on all pets admitted for care, and that the remainder of the balance must be paid in full before my pet is released.**

I give the hospital permission to post a picture of my pet on social media if one is taken. Yes. ___ No. ___

Please sign below to indicate that you have read this form and understand that there are risks associated with anesthesia and surgery.

Date: _____

(_____) _____
1st Option

(_____) _____
2nd Option

Print Name

Signature