

BRIDGEWATER VETERINARY HOSPITAL

HOSPITALIZATION AND SURGICAL AUTHORIZATION

Patient: _____ Date: _____

Owner: _____ Species: _____

Breed: _____ Sex: _____

I can be reached at: (____) _____ between 9:00 a.m.-12:00 p.m.

(____) _____ between 1:00 p.m.-5:00 p.m.

(____) _____ between 6:00 p.m.-7:00 p.m.

Procedure: _____

I authorize Bridgewater Veterinary Hospital to hospitalize, administer anesthetics and perform surgery and 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/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) set forth above. I expect Bridgewater Veterinary Hospital to use reasonable care and judgment in performing these procedure(s). The procedure(s) and risks involved have been explained to me and I realize results cannot be guaranteed. 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 animal.

I understand that all x-rays are the property of Bridgewater Veterinary Hospital and are part of my pet's permanent medical record. If necessary, additional copies can be made and the owner will be charged accordingly. Bridgewater Veterinary Hospital is required by New Jersey State law to keep original x-rays for a minimum of 5 years.

I have received a written quotation 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 50% deposit on all pets admitted for care, and that the remainder of the bill must be paid in full before my pet is released.

Signature _____ **Date:** _____