

VETERINARY ASSOCIATES OF CAPE COD, CORP.
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Please print this sheet, fill it out and bring with you at the time of your appointment.

Consent Form for Treatment and/or Admission

Client's Name _____ Pet's Name _____

Treatment(s) to be performed: _____

I, the undersigned owner of, agent of the owner of, or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am eighteen years of age or over. I consent to the examination of this pet by staff veterinarians at Veterinary Associates of Cape Cod. I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize, and/or perform surgery on my pet. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. Should unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the hospital staff has my permission to provide such treatment, and I agree to pay for such care.

I understand that an estimate of the fees for veterinary services will be provided to me upon request and that I am encouraged to discuss all fees related to such care before services are rendered and during my pet's ongoing medical treatment. If my pet is hospitalized, I agree to assume financial responsibility for the fees and will provide payment via cash, credit card, or check at the time my pet is discharged from the hospital. In the event my pet is hospitalized for more than forty-eight hours and the attending doctor is unable to reach me, I understand it is my responsibility to call the hospital at least every forty-eight hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day. I agree to pay a monthly billing and financing fee equal to 1.75% of any unpaid balance.

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel is not provided during these hours.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Agent

Date

Phone number(s) at which owner or agent can be reached today and/or tomorrow