



Welcome to LIMESTONE VETERINARY HOSPITAL



Owner Information

Name _____ Spouse/Other _____

Mailing Address _____

City _____ ZIP Code _____

Home Phone _____ Cell Phone _____

Occupation _____ Employer _____

Work Phone _____ SSN _____

Drivers License # and State _____ E-Mail _____

How did you hear about us? _____

Please note that payment is due at time of visit unless prior arrangements have been made.

Your Four-Footed Friend

Pet's Name _____ Species _____

Breed _____ Color(markings) _____ Male _____ Female _____

Altered? Yes No Date of Birth _____

Previous Vet _____

Any other pets in household? Yes No Names _____

Consent for Treatment

I, the undersigned owner, or owner's agent of the pet identified above, consent to the examination of my pet(s) by staff veterinarians at Limestone Veterinary Hospital, Inc. and after consultation with me to prescribe medication for, treat, hospitalize, anesthetize or perform surgery on my animal. 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 my attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required, Limestone Veterinary Hospital Inc.'s staff has my permission to provide such treatment and I agree to pay for such care. I understand twenty-four hour care may not be available for all hospitalized patients.

I understand that an estimate of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees attendant to such care before services are rendered and during my pet's admission. I agree to assume financial responsibility for the balance of ALL services rendered on a cash, credit card or check basis at the time my pet is discharged from the hospital. In the event my pet is hospitalized for more than 48 hours and my attending doctor doesn't contact me, I understand it is my responsibility to call the attending doctor at least every 48 hours to inquire as to the medical status of my pet and fees incurred for medical services up to that day. In the event of an open balance, I agree to pay a monthly billing and financing fee equal to 1.5% of the unpaid balance.

I further agree that I, or an authorized agent of mine, will pick up and pay for all accrued charges on my pet within 5 days after receiving written or oral notification at the above address that my pet is ready to be released from the hospital. I agree that if I fail to comply with this policy, Limestone Veterinary Hospital Inc. may handle this abandonment in the best interests of itself and the animal.

Signature of Owner/Agent _____ Date _____