

CONSENT FORM FOR HOSPITAL ADMISSION

Name of Owner:

I hereby authorize the veterinarians of Mansfield Veterinary Health Center and whomever they designate as their assistants to receive, prescribe for, treat, or operate upon:

Name of Patient:

I also authorize the use of such anesthetics as you deem advisable and performance of surgical or therapeutic procedures as you determine to be indicated. I am aware that there is some risk whenever such procedures are performed or drugs (including anesthetics) are administered.

I also authorize the Mansfield Veterinary Health Center and its staff to perform any diagnostic or therapeutic procedures that they deem necessary if an emergency problem should arise.

I also understand that the owner or his or her authorized agent shall be responsible for all costs in connection with any care and/or medical and surgical treatment and that payment shall be made to the Mansfield Veterinary Health Center prior to the return of said animal to my care.

Signature of Owner: _____ **Date:** _____

Signature of Authorized Agent and Relationship to Owner:

PHONE NUMBER WHERE YOU MAY BE REACHED TODAY:

