

PLEASE LIST ANY FURTHER INSTRUCTIONS

Special Care Instructions: _____

Please list any toys, bedding, or additional items you brought for you pet:

SERVICES AVAILABLE AT ADDITIONAL CHARGE

Would you like your pet to have a bath upon dismissal? **YES NO**

NOTE: From November 2006 through May 2007, we are remodeling the building. Due to this, our exercise yard will be muddier than normal. We will do our best to keep paws and undersides clean, but HIGHLY recommend that you request a bath on the day of discharge to ensure that you are taking home a clean dog.)

Physical Exam Specific Problem: _____

IF A PROBLEM IS OBSERVED OR AN EMERGENCY DEVELOPS: Considering we are a Veterinary Hospital, should a **PROBLEM** arise, the medical staff will perform exams, procedures and prescribe medications necessary for the health and well being of your pet.

Should an **EMERGENCY** arise the medical staff will perform emergency and supportive care, once your pet has been stabilized you will be notified of any further recommendations that the Doctor may have.

- ❖ The clinic is to use all responsible precaution against injury, escape or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed.
- ❖ I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys and bedding.
- ❖ I will call if my "pick-up date" changes so you can plan accordingly. If I neglect to pick up my pet within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that my pet is abandoned and are hereby authorized to dispose of my pet as you deem best and/or necessary.
- ❖ I understand that the staff at Southpointe will take all reasonable precautions to protect my pet from coming into contact with communicable diseases while in their care. I also understand that this is an animal hospital that treats sick pets and there is no guarantee against exposure to every disease. By signing below, I understand that there is a slight chance that my pet may become sick from another patient at Southpointe. Southpointe will not assume financial responsibility for treatment of such illness. It will be my responsibility.

I have read and understand this authorization and consent form and I also have asked any questions regarding my pets stay at Southpointe Veterinary Hospital.

date

Signature: _____
or authorized agent

Name and phone number of responsible party who is able to make medical decisions in the event of an emergency (REQUIRED):

1. _____

Phone: (____) _____

2. _____

Phone: (____) _____