

CONSENT FORM

I hereby consent and authorize the Salmon Brook Veterinary Hospital to receive, board, prescribe for, treat and operate upon my pet(s). If my pet is hospitalized or boarded and a medical emergency arises, every reasonable effort by hospital personnel will be made to contact the owner before any treatment is performed. Should the owner be unavailable, the hospital is hereby authorized to perform any medical treatment it deems necessary for the well being of my pet, taking into consideration its overall health and age. The owner may state in advance what limitations, if any, the owner wishes to place upon this authorization. Every possible precaution will be taken, but the owner and/or the undersigned assume all risks with regard to restraint, anesthesia, surgery, care of pet, etc.

All fees must be paid before the pet is removed from the hospital unless other arrangements have been made.

I certify that my dog(s) has (have) a current license(s) from the town in which I reside, and if found not to be current, I accept full liability for any fines imposed upon Salmon Brook Veterinary Hospital in the event of an inspection by the state or town animal control officer.

This consent form may be used for any future treatment, etc., of my pet(s).

I have read this consent form and agree to its terms.

If not the owner, please state the authorization upon which you are signing this consent form.

Date