Murrieta Family Pet Hospital

Drop-Off Consent Form

Date: _____

I, the undersigned owner or authorized agent of:

Patient: _____ Age: _____

Sex: _____ Species: _____ Breed: _____ Color: _____

I, hereby authorize Murrieta Family Pet Hospital and its designated associates or assistants to administer such treatments and perform such procedures, including anesthesia, as are considered therapeutically and/or diagnostically necessary for the care of my pet. In the event that an emergency treatment is required and I cannot be reached, I authorize the veterinarian(s) and assistants to perform such medical treatment as is necessary to preserve the life of the patient until I can be contacted for further authorization. I understand that no guarantee of successful treatment is made or implied. I hereby release the veterinarians and assistants from any and all claims, except claims for negligence, arising out of or connected with the performance of his/her treatment.

All patients entering the hospital must be up to date on Rabies vaccine and free of parasites (fleas, ticks, etc.) or they will be treated upon entry at the owner's expense.

I also authorize the hospital to obtain any medical information from the previous veterinarian that might be needed during the above-named patient(s) stay at the hospital.

I accept financial responsibility for the treatment of the above-named patient and I understand that payment in full is due upon the release of this patient from the hospital or when service is otherwise completed.

I understand that if my pet has to remain hospitalized after the regular hours of operation, 9am-5pm Monday-Friday and 9am-2pm Saturday, or more than one day, I may be charged an additional fee, as follows. I also understand no hospital staff will be present overnight.

Late Fee

Monday-Friday at 5:31pm to 7:00pm	$0.75 per minute
Saturday at 5:01pm to 6:00pm	$0.75 per minute

Overnight Fee

Monday-Friday after 7:01pm	$85 non-critical
Saturday after 6:01pm	$85 non-critical

I have read and understand the above information in full and my questions have been answered.

Print name: _____ Sign name: _____

(Owner or authorized agent)

Primary Phone: _____ Secondary Phone: _____