

CLIENT AGREEMENT FORM

NAME: _____

ADDRESS: _____

TREATMENT AND CARE - I, the undersigned, authorize the staff of Colony Animal Hospital to treat, perform diagnostic and prophylactic procedures and care for my pe(s). I consent to the administration of medications, including analgesics, sedatives, tranquilizers and/or anesthetics as may be deemed necessary by the attending veterinarian.

PREVENTIVE HEALTHCARE REQUIREMENTS – I understand that, in an effort to prevent the spread of infectious diseases and parasites, all animals presented for treatment or boarding at Colony Animal Hospital must be current on all vaccinations and free of internal and external parasites. If vaccinations were performed elsewhere, verification of same must be provided. If necessary, animals will be treated for fleas at the expense of the owner. An Internal Parasite Screen will be performed on all animals not on a regular de-worming program or who have diarrhea while at the hospital. I authorize the veterinarian to provide vaccines, parasite control or other preventive measures needed to comply with hospital requirements if my pet stays overnight at the hospital. All costs incurred are the responsibility of the undersigned.

WARRANTIES AND LIABILITY – I acknowledge that no assurance, guarantee or warranty has been made as to the results of treatment, procedures or surgery. I am aware that every surgical procedure, treatment and anesthesia, even if performed on a healthy animal, carries risk and possibilities of complications. I understand that the staff of Colony Animal Hospital will make every reasonable effort to safely and proficiently care for my pet. Colony Animal Hospital and/or its staff will not be held responsible in any manner on account of the care, treatment or safekeeping of my pet.

IN CASE OF EMERGENCY - I understand that unknown conditions may make it necessary to provide additional treatments, procedures or surgery for my pet. I understand that every reasonable effort to contact me will be made prior to performing these procedures. However, until I can be contacted, I direct the staff of Colony Animal Hospital to take any reasonable measure deemed medically necessary by the attending veterinarian to treat my pet. I agree to bear full financial responsibility for any costs so incurred.

ABANDONED PETS – Pets remaining at the hospital for 5 days past their discharge date without communication or notification by the owner will be considered abandoned. I acknowledge that abandoned pets will be disposed of as found necessary by Colony Animal Hospital and I will be responsible for any costs or fees incurred.

FINANCIAL RESPONSIBILITY – I bear full financial responsibility for any and all costs incurred for the treatment and care of my pet. I am aware that **all accounts are payable in full at the time services are rendered**. Any account not paid in full will incur finance charges of 12% annually, as well as all costs of collection, including reasonable attorney's fees.

I have read and acknowledge the above statements _____