

ANDERSON ANIMAL HOSPITAL & WELLNESS CENTER

60 Marion Street, Winnipeg, Manitoba R2H 0T1 (204) 237-4555

AUTHORIZATION AND CONSENT FOR HOSPITALIZATION

Client Name _____ Patient Name _____

Admit Date _____ Admit Time _____ AM/PM Admitted By _____

I, the undersigned owner and/or responsible agent of the patient above hereby authorize the veterinarians and veterinary staff of Anderson Animal Hospital & Wellness Center to perform the following procedures and/or treatments _____.

Initial _____

I understand that at any time my pet's condition may change and the discussed treatment plan may have to be altered. I understand that it is not possible for the hospital, its staff or employees to guarantee a successful outcome of any medical or surgical treatment. Furthermore, I understand that during and following the treatment(s) that I have authorized, unforeseen conditions may arise from unexpected events beyond the veterinarian and hospital's control. In the event that a life-threatening condition should develop and we are unable to contact you, we will proceed with any and all life-saving measures deemed appropriate in the professional opinion of the supervising veterinarian. By signing below, you are authorizing Anderson Animal Hospital & Wellness Center to proceed and you accept full financial responsibility for the above mentioned treatments and for any additional emergency services should they be necessary.

Initial _____

I understand that Anderson Animal Hospital and Wellness Center is not staffed 24 hours a day and that some or all of the after hours period, if applicable, will be unsupervised. I understand that, should I desire 24-hour care, I should transport my pet, once stabilized, to a nearby 24-hour care facility.

Initial _____

I have read and understood this authorization and consent.

Signature of owner/responsible agent

Phone number(s) where I can be reached today

☐ iPhone

☐ Android