

**Buzzards Bay Veterinary Associates**  
**230 Main Street**  
**Buzzards Bay, MA 02532**  
**(508) 759-2521**

**Consent For Treatment-Hospitalization-Surgery**

Date: \_\_\_\_\_

Client ID:  
Client Name:  
Address:

Telephone:

Patient ID:  
Name:  
Species:  
Breed:  
Sex:  
Color:  
Markings:  
Birth Date:

I, the undersigned owner, or owner's agent, of the pet identified above, certify that I am over 18 years of age, and thereby consent to the examination of my pet by staff veterinarians at Buzzards Bay Veterinary Associates and after consultation with me to prescribe medication for, treat, hospitalize, anesthetize and/or preform surgery on my animal. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required, and my attending veterinarian not be able to reach me, Buzzards Bay Veterinary Associates staff has my permission to provide such treatment and I agree to pay for such care.

I understand that an estimate of the costs for veterinary services will be provided to me and I am encouraged to discuss all fees attendant to such care before services are rendered and during my pet's ongoing treatment. If my pet is hospitalized, I agree to pay a deposit of the low end of the range of estimated fees and assume financial responsibility for the balance of all services rendered on a cash or credit card basis at the time my pet is discharged from the hospital. In the event my pet is hospitalized for more than 48 hours and my attending veterinarian is not able to reach me, I understand it is my responsibility to call the hospital at least every 48 hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that date.

- (1) My pet has been fasted since **12 o'clock midnight** last night. **Yes No** (circle one)  
(2) Is your pet currently on any medications? **Yes No** (circle one) If yes what are they: \_\_\_\_\_  
(3) Is your pet already microchipped? **Yes No** (circle one)  
(4) If your pet is not microchipped, **would you like us to microchip your pet? Yes No** (circle one)  
(5) Does your pet have any food allergies/intolerances? **Yes No** (circle one) If yes: \_\_\_\_\_  
(6) My pet is being admitted for \_\_\_\_\_  
(7) If your pet has deciduous teeth, **would you like us to remove them? Yes No** (circle one)  
(8) **\*Have you been given an estimate and are aware of today's expected costs? Yes No** (circle one)

\_\_\_\_\_  
Signature of legal owner or agent

\_\_\_\_\_  
Date

\*\*It is very important to be available by phone while your pet is admitted. Please inform us if you will not be available any time during your pet's stay here. \*\*

**Please list telephone numbers in order of calling preference:**

Telephone Number (including area code)

Circle One

1) \_\_\_\_\_

home/cell/work/other

2) \_\_\_\_\_

home/cell/work/other

3) \_\_\_\_\_

home/cell/work/other