



Admitting Release



Dr. Peter's Animal Hospital
7318 Royal Palm Blvd.
Margate, FL 33063
(954) 340-9904 (954)340-5431 FAX

Client/Owner Name: _____

Current Address: _____

Home Phone: _____ Work: _____ Contact: _____

Pet/Patient Name: _____ Canine / Feline / Other _____

Breed: _____ Color: _____ Male / Female / Altered

DOB: ____ / ____ / ____ Weight: _____ Disposition: _____

I am the owner of the above named animal, and or responsible for all fees incurred during this visit, and have the authority to execute this consent.

I am over eighteen years of age.

I do hereby consent to the hospitalization and/or treatment of the above named animal, and authorize the doctor and his staff to administer any medication, tests, anesthesia or surgical procedures that the doctor deems necessary for the health, safety and well being of my pet.

I understand that as a prerequisite to my pet being admitted, vaccinations must be current, and the pet must be free of all external and internal parasites (fleas, ticks, worms, etc.) or these will be corrected at admission and charged accordingly.

ALL FEES FOR PROFESSIONAL SERVICES ARE DUE AND PAYABLE AT TIME OF DISCHARGE.

IN THE EVENT OF SURGERY OR HOSPITALIZATION A 50% DEPOSIT IS NECESSARY.

In the event that it becomes necessary to collect fees through a collection agency or the services of an attorney, either prior to or at trial, then the client agrees to pay all reasonable attorneys fees.

In the event that it becomes necessary to collect these fees through litigation then the client agrees to pay all court costs, deposition fees, collection fees, service charges, and all reasonable fees incurred.

Be assured that the health of your pet is our highest concern and we will do everything possible to maintain that health. Understand, too, that your signature below indicates that you have agreed to these terms.

I Agree and accept these terms.

Signature: _____ Date: _____

Contact Telephone: _____

Requested Pick Up Time: _____