

Cedar Mill Veterinary Hospital
12790 NW Barnes Rd
Portland, OR 97229
503-644-3101



CONSENT FOR TREATMENT

I, the undersigned, certify that **I am** over **eighteen** years of age, and thereby consent to the examination of my pet by staff veterinarians at Cedar Mill Veterinary Hospital, and after consultation with me to prescribe medication for, treat, hospitalize, anesthetize and/or perform surgery on my pet. 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 the attending veterinarian is unable to reach me, Cedar Mill Veterinary Hospital's staff has my permission to provide such treatment. I agree to pay for such care.

I understand that an estimate of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees attendant to such care before services are rendered and during my pet's ongoing medical treatment. If my pet is hospitalized, I agree to pay a deposit of 50% of the estimated fees at the initiation of treatment, and to 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 doctor is unable to reach me, I understand that 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 day.

PATIENTS WILL NOT BE RELEASED WHEN MEDICAL STAFF IS NOT ON THE PREMISES WITHOUT PRIOR ARRANGEMENT AND APPROVAL.

Signature

Please Print name

Phone Number where we can reach a contact person

Date

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Client: _____

Patient: _____

Presenting Problem: _____

Symptoms Began: _____

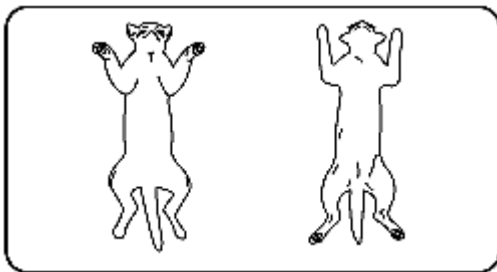
Circle all that apply:

Diarrhea Vomiting Coughing Sneezing Lethargy Anorexia

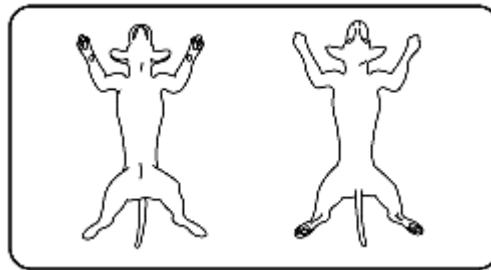
Limping Shaking Head Abnormal Urination Wound Seizures

Brief History: _____

Current Medications: _____



Feline



Canine

Does your pet suffer from any allergies to medications or anesthesia: _____

Signature: _____ Date: _____