

Walter H. Marsch, DVM

Patrick J. Marsch, DVM

Hospitalization Consent Form

Owner's Name _____ Pet's Name _____ Date _____

Phone number(s) where you can be reached _____

I certify that I own/have assumed financial responsibility for my pet written above. I do hereby consent and authorize Dr. Marsch and his staff to hospitalize my pet. I also hereby authorize the administration of vaccinations, medications, tests, surgical procedures, anesthetics or treatments that Dr. Marsch deems necessary for the health, safety or well-being of my pet while he/she is under their care and supervision. I have been informed that an attendant will not be at the hospital 24 hours a day. Someone will be checking on all hospitalized pets at frequent intervals, but they do not spend the night.

If my pet written above should injure himself/herself in an escape attempt, refuse food, soil himself, become ill or die while in the hospital, I will hold East Side Animal Hospital free of any responsibility and liability in the absence of gross negligence.

I further realize that I am responsible for payment in full of all procedures & treatments provided during time of hospitalization at the time my pet is discharged. If I neglect to pick up my pet within 5 days of written notice that he/she is ready for release and mailed to my address on file, I understand my pet is then considered abandoned. If my pet is deemed abandoned, I authorize East Side Animal Hospital to dispose of it as seen fit. Abandonment does not release me of my obligation for the bill.

A report on my pet's condition will be available between the hours of 10:00am-12:00pm and 3:00pm-4:00pm. Dr. Marsch will be treating patients or performing surgery during office hours, and may not be available upon immediate request. All calls concerning my hospitalized pet will be documented by the receptionist and returned by Dr. Marsch as soon as possible.

A deposit of 50% of the estimate for the first 24 hours of hospitalization is required on admission. If an estimate is not available, the deposit for new clients is \$100.00 and for established clients \$75.00.

I have read the above and agree to the terms stated.

Signature _____ Date _____