



Frey Pet Hospital, PLC
“Treating your pets as if they were our very own”



Hospitalization Consent

I am the owner, or authorized agent of _____, and hereby authorize Frey Pet Hospital, its designated associates and assistants, to administer such treatment as is necessary.

I understand that there are risks associated with the procedures set forth above, and with anesthesia. I am satisfied, after speaking with the staff at Frey Pet Hospital, that Dr. Steen and his designated associates or assistants, will treat my pet as they deem necessary, for his/her health, safety, and well being; however, I do understand that no guarantee of successful treatment can be made.

I acknowledge that I have read and fully understand this authorization for medical treatment, the reason why such medical treatment is considered necessary, as well as its advantages and possible complications, if any. I understand that the staff of Frey Pet Hospital will not be able to provide continuous 24 hour observation of my pet and such observation is available by referral to an emergency center upon my request.

I have received an estimate for the procedure. (If you have not, please ask for one now!) I understand that payment is due at the time my pet is discharged and that a deposit may be required for extensive medical or surgical procedures.

Owner: _____

Phone number (s) that you can be reached at: _____

Date: _____