



1. I understand that the trained medical staff will be with my pet providing the best possible around-the-clock care. Since we are a multi-vet practice I understand my pet may be seen by more than one veterinarian.
2. Visiting hours are M-F 12-1pm & 8-10pm and Sat-Sun 3-10pm. Although I am welcome to visit my pet, I understand that due to the emergency conditions of the hospital it is necessary for me to call and confirm visitation before arrival. (Visitation is not allowed for any patient in isolation).
3. I understand, in the instance when a DVM is not on premises, one is on call while my pet is being monitored by the trained medical staff of AM/PM. I am welcome to call the hospital and speak to a technician at any time regarding my pet and understand that any diagnosis can only be made by the doctor.
4. I understand that any payments that are made are only an estimate and that throughout my pet's hospital stay additional cost may be incurred and that all fees are due when services are rendered and pending the release of my pet and any medications.
5. **Hospitalization Charges** - Hospitalization charges start at 12 noon and continue through 6pm the following day. Any patient admitted before 12 noon will incur an additional hospitalization charge. Also any patient picked up after 6pm may incur an additional hospitalization charge.

6. In the unfortunate event that my pet becomes critical, I request the doctor and medical staff to:  
**(Please initial one):**

- Perform CPR - including medications (~\$50-\$250)
- Aide humanely but do not use CPR. May include humane euthenasia if patient is suffering (~\$50-\$100)
- NO CPR, allow to pass naturally.

**Because our clinic offers around the clock care and treatment for your pet, it may be necessary for our doctors to contact you concerning your pet's status at anytime during their hospitalization with us.**

I understand these conditions apply to (pet's name) \_\_\_\_\_'s hospital stay and that I am the owner or person responsible for charges to be paid by the time of release from any surgical, medical, or emergency treatment.

\_\_\_\_\_  
Signature or Owner or Responsible Party

\_\_\_\_\_  
Date

Please list numbers where you can be reached: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_