



1. I understand that the trained medical staff will be with my pet providing the best possible care. Since we are a multi-vet practice I understand my pet may be seen by more than one veterinarian.
2. 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.
3. 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.
4. In the unfortunate event that my pet becomes critical, I request the doctor and medical staff to:  
**(Please initial one):**

Perform CPR - including medications (~\$250-\$400)

Aide humanely but do not use CPR. May include humane euthanasia if patient is suffering (~\$102-\$155)

NO CPR, allow to pass naturally.

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_