



ARIZONA HUMANE SOCIETY

Consent for Care

I hereby consent and authorize the Arizona Humane Society doctors and staff to receive, vaccinate, prescribe, run diagnostics, provide medical treatment, or operate on the animal described. I am at least 18 years of age, and I am the owner or duly authorized agent for the above mentioned animal.

I understand that the attending veterinarian may refuse to perform any procedure or service on my animal(s) at his or her discretion.

To my knowledge, my animal has not previously had an adverse reaction to a vaccine, medication, or anesthesia. I understand and acknowledge that an adverse reaction to the vaccine, medication or a surgical complication may occur that may require medical intervention by the site veterinarian. If further medical treatment is indicated and our staff veterinarians are unavailable, I acknowledge that I am responsible for transporting my animal to a private veterinary clinic. I agree to pay reasonable charges on procedures authorized by the attending veterinarian to maintain a reasonable quality of life for my animal.

I agree on behalf of myself, other agents, successors, personal representatives and executors, to indemnify and hold harmless the Arizona Humane Society, its officers, employees, and agents from all losses, suits, damages, or costs arising from the care, treatment, transport, and surgery of my animal including, but not limited to personal injury, damage to property, pets, or costs and fees incurred in the health and care of my animal.

The hospital doctors and staff are to use all reasonable precautions against injury, escape or destruction of the animal, and perform all procedures in a professional manner in keeping with accepted standards of veterinary medicine. All aspects of the animal's case have been discussed with me and I understand the contents of this paragraph. With this in mind, I hereby release the hospital doctors and staff from further liability in this matter.

I am to be informed of any changes in the proposed care and treatment of my animal, as well as any change in the condition of my animal, except that if I cannot be reached or an emergency situation exists, the hospital doctors and staff are to use sound medical judgment in the care of the animal. I am to be informed of the discharge date for the animal, and will be expected to pay all charges in full upon the dismissal of the animal. Should the animal be left in the hospital beyond the discharge date without prior arrangements, I understand that abandonment procedures will be initiated as outlined by Arizona State Law. I further understand that I will be fully responsible for all incurred charges until the animal is removed from the hospital or considered abandoned by Arizona State Law.

I also understand that the clinic accepts the following forms payment: Visa, MasterCard, American Express, Discover, and Cash. They do not accept checks.

I have fully read and fully understand these conditions.

(You will be asked to sign this form at the time of admission)