

Animal Clinic of Ava LLC
1115 Springfield Rd., Unit 2
Ava, Missouri 65608
(417) 683-6830



Admissions Agreement

Date: _____

First Name:		Last Name:	
Phone:			
Pet's Name:		Sex:	
Age:	Breed:	Color:	

OVERNIGHT CLINIC CARE/HOSPITALIZATION

In the event my doctor recommends that my pet remains in the clinic overnight to provide a stable or quiet environment for recovery and veterinary evaluation, I realize that 24 hours round the clock monitoring is not available at this facility. I understand that a veterinarian will evaluate my pet prior to leaving in the evening, as well as the following morning prior to opening of the clinic. The doctor and/or staff will care for my pet Saturday and Sunday morning and evening. Additional visits by the doctor are common and most likely remain at the doctor's discretion.

EMERGENCY CARE

In the event of an emergency involving my pet, I authorize the professional staff to stabilize my pet, which may include surgery and/or anesthesia. Every attempt will be made to contact me by telephone. If I am unable to be reached, I give my permission to the Animal Clinic of Ava to stabilize, treat and revive my pet if necessary. I also am aware that I am financially responsible for any measures taken to do so upon picking up my pet. I assume all risks involved with such means.

ANESTHESIA

I understand that all anesthetic procedures involve some risk to my pet, including potential fatality. I realize that additional safety precautions including breathing monitoring are in place while a qualified staff is alongside our doctors to ensure your pet's procedure is as safe as possible. Our doctors strongly advise all patients undergoing anesthesia to receive blood work prior to their procedure. I understand this is an additional fee and by refusing blood work, the risks of complications during surgery increase. Having been informed of the above risks, I assume all responsibility.

FEES AND PAYMENTS

I agree to pay for my pet's care in full at the time of my pet's discharge. We can provide you a detailed approximate estimate of your pet's admission upon request. Additional surgical fees may apply due to factors such as unforeseen underlying medical conditions and/or complications that may arise in surgery. Charges held checks and non-payments are not authorized or accepted under any circumstances.

I, being responsible for the above animal, have the authority to grant you my consent to receive treatment, prescribe for and/or operate upon my pet as noted above. I understand that the Animal Clinic of Ava and staff will use every precaution necessary against injury, escape or death of my pet. However, I fully understand and assume all risks in these events, and Animal Clinic of Ava and staff will not be held liable or responsible for such cases in any matter.

Any animal admitted with fleas will be treated at the owner's expense to protect the remaining animals under our care.

X _____ (Signature Required)

X _____ (Please Print Name)

Phone number to be reached today: _____