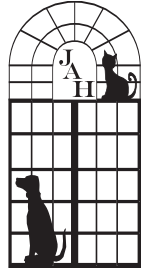




JONESBORO ANIMAL HOSPITAL



CONSENT FOR TREATMENT and/or PROCEDURE

OWNER'S NAME _____

PET'S NAME _____ SEX _____ AGE _____

I, the undersigned owner, or owner's agent, of the pet identified above, certify that I am over eighteen years of age, and thereby consent to the examination of my pet by staff veterinarians at Jonesboro Animal Hospital and after consultation with me to prescribe medication for, treat, hospitalize, anesthetize and/or surgery and that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required, Jonesboro Animal Hospital's staff has my permission to provide such treatment and I agree to pay for such care.

I further agree that I, or an authorized agent of mine, will pick up my pet and pay for all accrued charges within 10 days after receiving written or oral notification that my pet is ready to be released from the hospital. Such notice will be given at the address maintained on the hospital's patient/client record. I agree that if I fail to comply with this policy, Jonesboro Animal Hospital may handle this abandonment in the best interests of the animal and the hospital.

Signature of Owner or Agent

Date

Phone

Emergency Phone