Royal Bay Veterinary Clinic
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CONSENT FORM

Hospitalization Consent Form

Client & Patient Details

Client Name:
Address:
Phone(s):
Pet's Name:
Species / Breed:
Age / Sex:

Reason for Hospitalization:

Consent for treatment and hospitalization: I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the animal listed above. I authorize the doctors and staff of Royal Bay Veterinary Clinic to hospitalize my pet and perform necessary diagnostics, treatments, and supportive care as deemed necessary by the attending veterinarian. I understand that my pet may require sedation, medication, fluid therapy, or other medical procedures while hospitalized.

I understand that while my pet is under the care of Royal Bay Veterinary Clinic, every effort will be made to ensure their comfort and well-being. However, I acknowledge that hospitalization carries inherent risks, including but not limited to stress, changes in condition, and the possibility of unforeseen complications.

Financial Responsibility

I accept full financial responsibility for all services provided during my pet's hospitalization. I understand that an initial estimate has been provided, but final costs may vary based on my pet's condition and required treatments.

Emergency Treatment Authorization

In the event of a life-threatening emergency:

- ○ I authorize all necessary emergency treatments, including CPR.
- ○ I do NOT authorize CPR in the event of cardiac or respiratory arrest (DNR).

Communication During Hospitalization

I understand that the veterinary team will make reasonable efforts to contact me with updates regarding my pet's condition and any necessary changes to the treatment plan. I agree to provide an active phone number and be available for communication.

Release of Liability

I understand that despite the best possible care, complications can arise, and outcomes cannot be guaranteed. I release Royal Bay Veterinary Clinic and its staff from any liability related to the treatment and hospitalization of my pet.

- ☐ I have read and understand this form and accept responsibility for payment of all charges incurred and services provided to my animal by Royal Bay Veterinary Clinic. I understand that payment for my pet's procedure is due prior to discharge.

Signature:

Date: