



709 Orange St  
Lebanon, Pa 17042  
717-270-1989 [vetmedleb.com](http://vetmedleb.com)  
[vetmedleb@yahoo.com](mailto:vetmedleb@yahoo.com)

## CONSENT FOR TREATMENT AND/OR ADMISSION

Patient:

Client:

Date:

I, the undersigned, am the owner or agent of the owner of the above described animal and have the authority to execute this document.

**I hereby authorize agents of the VETERINARY MEDICAL CENTER OF LEBANON, INC. to perform the following procedure(s) or treatment(s) upon my animal:**

I also agree that after consultation with me, the veterinarian may prescribe medication for, treat, hospitalize, sedate, anesthetize and/or perform surgery on this animal. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the hospital staff has my permission to provide such treatment and I agree to pay for such care.

I understand that an estimate of costs for the veterinary services will be provided to me and that I am encouraged to discuss all fees attendant to such care before services are rendered and during this pet's ongoing medical treatment. If this animal is hospitalized, I agree to assume financial responsibility for the balance of all services rendered on a cash, credit card or check basis at the time the pet is discharged from the hospital. In the event the pet is hospitalized for more than 48 hours and the attending veterinarian is unable to reach me, I understand it is my responsibility to call the hospital at least every 48 hours to inquire as to the medical status of this animal and the fees incurred for medical services up to that day.

I understand that the veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours.

I agree that either I, or an authorized agent of mine, will pick up this pet, within 24 hours, and pay for all accrued charges after receiving written or oral notification that this animal is ready to be released from the hospital. Such notice will be given at the address maintained on the hospital's patient/client record or the address listed in my record. I agree that if I fail to comply with this policy, the Veterinary Medical Center may handle this abandonment in the best interests of the animal and the hospital.

Contact number where the owner or agent of the owner may be reached during your pet(s) hospitalization:

**Emergency Contact Information:**

**Signature:**

**Full Name:**

**Date:**