

Overnight / Hospitalization Permission Form

Date : _____

Dr : _____

Patient : _____

Owner : _____

I, the undersigned, as owner of the above listed animal, give my permission to Pottsgrove Animal Hospital and Dr Donald K Shreves to admit my animal to their clinic overnight for medical / surgical treatment.

I have been informed and do understand that no one is present at the clinic overnight. I have been informed that my animal will be awake and as stable as their procedure will allow before they are left to rest. _____ (INITIALS)

I have been given the option of referral to a 24 hr care facility and have chosen to decline that option and leave my animal in the care of the Pottsgrove Animal Hospital ____ (INITIALS)

Signature : _____

Date : _____

_____ I have chosen to not keep my animal at the Pottsgrove Animal Hospital overnight and elected to take my animal home after their medical / Surgical procedure. I understand that this is against the recommendation of Pottsgrove Animal Hospital and Dr Donald Shreves. _____ (INITIALS)

I understand that by choosing to take my animal home, that I accept responsibility for any and all complications that may arise from this choice. I understand I bear any and all financial responsibility that may arise from these complications ____ (INITIALS)