



Morena Pet Hospital

1540 Morena Blvd. • San Diego, CA 92110 • 619.275.0888

Consent Form

Please read the following consent statements so that you fully understand what you are authorizing us to do.

We try very hard to maintain communication with you either by phone or in person, but because you are also busy, we may not be able to contact you. Please help us by calling with your questions and for any updates that you have not yet received. (We also appreciate knowing the current status of your pet when under treatment at home.) If we are unable to contact you, the doctor on duty must decide what course will be best for your pet's health. We thank you for your help in assisting us to provide the best possible care for your pet.

I consent to admit my pet to Morena Pet Hospital and authorize the doctors and staff to perform procedures that are considered necessary by the attending doctor. The nature of the procedure has been explained to me and I understand why it is recommended and/or necessary. I understand the advantages and possible complications of the procedure and acknowledge that no guarantees or advances have been made as to the results that may be obtained. This consent includes medical procedures, anesthesia, and/or surgery. If my pet is being admitted for boarding or grooming, the following only applies if my pet becomes ill while at Morena Pet Hospital.

I hereby certify that I have read and fully understand the above consent form. I also understand that charges will be incurred for the services provided. I further understand that I will be responsible for all expenses that are incurred and that **payment is due, in full, when services are provided**, unless prior financial arrangements have been made. All accounts with a balance are subject to 1 ½% monthly interest. Accounts considered past due beyond 60 days are subject to additional fees and are turned over to our collections agency. All checks returned are subject to a \$25 nonsufficient funds charge.

Be advised that all long distance phone calls placed to contact you will be placed as a collect call at the doctor's discretion.

NOTICE: In the event this account becomes delinquent, all written and verbal communications will be an attempt to collect the debt and any information will be used for that purpose.

I acknowledge that I have read, fully understand, and agree to this consent form.

Signature: _____ Date: _____

Name (please print): _____

Emergency phone numbers: _____

Veterinary service is provided during nighttime hours as necessary under the judgment of the attending veterinarian. Continuous presence of qualified personnel may not be provided.