

Please print this form, fill it out and bring it to the hospital at the time of your appointment.

Queen City Animal Hospital, P.C.

180 Londonderry Turnpike
Hooksett, New Hampshire 03106
623-7269

Pet's Name: _____ Breed: _____ Sex: _____ Age: _____

Owner's Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Telephone (am): _____ (pm): _____

Procedure(s) to be Performed: _____

Authorization for Medical and/or Surgical Treatment

I am the Owner of the above named animal or am responsible for it and have authority to execute this consent.

1. I, hereby authorize Queen City Animal Hospital, Dr. Comeau and or his assistants to treat the above named patient.
2. I understand the nature of the proposed treatment, and recognize potential risks, complication, and the anticipated benefits of treatment, or alternative treatments, including non-treatment. I acknowledge that no warrant or guarantee has been made to me as the result or cure.
3. I recognize that during the course of the treatment, unforeseen conditions may necessitate different procedures than those explained. I therefore, authorize the hospital to perform such procedures in exercise of their professional judgement.
4. If not the owner, the undersigned warrants that he or she has full authority from the owner to enter into this agreement.
5. The undersigned understand that payment is due when services are rendered.
6. I certify that I have read this form or had it read to me, and I understand it's contents.

I decline to do the pre-op laboratory testing and I understand the risk of proceeding without performing the recommended test(s):

Payment Policy:

We accept the following types of payments - Which type(s) will you be using?

Cash Check Visa MasterCard Discover CareCredit

Signature of Owner or Authorized Agent

Date

Summary of Estimate

Examination: _____

Anesthesia: _____

I/V / Local: _____

Inhalation: _____

Surgical Procedure: _____

Biohazard Disposal: _____

Supplies: _____

Dentistry: _____

Extraction(s): _____

Radiographs(s): _____

Hospitalization: _____

Pre-op ECG: _____

Special Procedure(s): _____

I/V Equipment: _____

Fluid Therapy: _____

Bandage/Splint: _____

Laboratory: _____

Medication(s): _____

Oral / Topical: _____

I/V / Injection: _____

SC / IM Injection: _____

Medication(s) Dispensed: _____

Intensive Care: _____

Other: _____

Estimated Total: _____