

ADMISSION AGREEMENT

This shall constitute the terms and conditions by which BEAVER BROOK ANIMAL HOSPITAL and its doctors shall render services to you, as owner of the animal offered for treatment; hereinafter referred to as "OWNER."

FIRST: OWNER hereby represents that he/she is the rightful owner of the animal described above, and/or is authorized to submit the animal for treatment.

SECOND: BEAVER BROOK ANIMAL HOSPITAL agrees to receive from OWNER the animal and give it such medical and surgical treatment, including the use of anesthetic agents, as BEAVER BROOK ANIMAL HOSPITAL and its doctors may deem necessary and advisable. He/she understands there is a risk with all treatments provided including but not limited to anesthesia and surgery. In the event that the OWNER is unable to be reached at the contact numbers listed below, the OWNER

- APPROVES additional treatments/procedures up to the cost of \$ _____
- DECLINES additional treatments/procedures

THIRD: In the event of an emergency, OWNER understands that BEAVER BROOK ANIMAL HOSPITAL will make every attempt to contact him/her, if time permits, prior to proceeding with treatment. OWNER opts to in case of emergency

- DNR (Do not resuscitate)
- Perform CPR (Cardiopulmonary resuscitation) ***cost may be up to an additional \$500.00***

FOURTH: OWNER hereby agrees to pay BEAVER BROOK ANIMAL HOSPITAL a deposit of **50%** of the estimated fees and assume financial responsibility for the balance of all services rendered on cash, credit card or check basis at the time the pet is discharged from the hospital. OWNER realizes that the sum is merely an estimate for the cost of treatment, and the actual, final cost may exceed or be lower than this estimate, depending upon the extent of the treatment required. OWNER will pay BEAVER BROOK ANIMAL HOSPITAL its reasonable charges for additional services, not set forth above, which are rendered to the animal, which services could not be determined at the time of admission or in advance of the medical or surgical treatment required for the animal.

FIFTH: I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. I also understand continuous presence of personnel is not available unless otherwise agreed to.

SIXTH: OWNER agrees to remove the animal within three (3) days after request for removal is made. The request may be made personally, by telephone, or by letter mailed to the OWNER at the address given above. Should the animal not be removed within the specified time, the OWNER hereby relinquishes all claims to the animal and BEAVER BROOK ANIMAL HOSPITAL is at liberty to make whatever disposition of the animal as it may see fit.

IN WITNESS WHEREOF, THE OWNER HAS DULY SIGNED,

Owner _____

Date _____

EMERGENCY CONTACT PHONE NUMBER: _____

ALTERNATE EMERGENCY CONTACT NUMBER: _____