

LUTHERVILLE ANIMAL HOSPITAL
506 W. SEMINARY AVENUE
LUTHERVILLE, MD 21093
(410) 296-PETS

Owner's Name _____ Pet's Name _____
Breed _____ Sex _____ Age _____ Color _____

I certify that I own the above animal and I hereby consent and authorize Lutherville Animal Hospital, its employees, or veterinarians, to board or hospitalize it, and to administer any medications, tests, anesthetics, surgical procedures, or treatments that the doctor deems necessary for the health, safety, or well-being of the animal while it is under their care and supervision. I understand that if the animal is not up-to-date on vaccinations for distemper, parvovirus, kennel cough, or rabies, this will be done upon hospitalization and added to the cost of the above described procedure.

I acknowledge that no assurance or guarantee has been made of the results of anesthesia, surgery, or treatment and that risks and probabilities of complications exist in any surgical or medical treatment. I realize that my pet will be discharged only during office hours and the fee or fees due for its care will be paid in full at that time. If the pet should injure itself in an escape attempt, refuse food, become ill or die while in the hospital, I will hold the doctor and Lutherville Animal Hospital and its employees free of responsibility in the absence of gross negligence.

If I neglect to pick up the animal within 5 days of written notice that it is ready for release, you may consider the pet abandoned and dispose of it as you see fit. I do, however, in that event, agree to pay all charges incurred for its care until it is disposed. In the event that I change my plans, become ill, change my address, or otherwise lose contact with the hospital, it shall be my duty to inform Lutherville Animal Hospital in writing immediately of such changes.

After carefully reading the above, I have signed in agreement.

Signature _____ Date _____
Phone number where I can be reached _____
Alternative number _____

Estimate:

Prices may vary upon performed services and treatments. I assume financial responsibility for the recommended services and will provide payment in full via cash, credit card, or check at the time my pet is discharged from the hospital.

Authorization _____

We now offer microchipping to provide permanent identification for the life of your pet. Please sign here if you would like your animal microchipped while he/she is hospitalized. We will register your pet with Home Again National Network. There are optional services that you can sign up for and those would be a yearly charge through the Home Again website.

Signature _____ Date _____