

**ABC Animal Hospital**  
 123 Main Street  
 Anytown, Anyplace, Anycode

Phone: (999) 123-4567 Fax: (999) 234-5678 Email: info@abcanimalhospital.com

**HOSPITALIZATION CONSENT FORM**

**Date:**

<b>Owner/Agent</b>		<b>Patient's Name</b>	
<b>Address</b>		<b>Species</b>	
<b>City</b>		<b>Breed</b>	
<b>Zip/Postal Code</b>		<b>Age/Birth</b>	
<b>Phone (Home)</b>		<b>Color/Markings</b>	
<b>Business Phone</b>		<b>E-mail</b>	

*Description of Procedure(s)*

*Estimate of Relevant Costs*

Description	Estimate
Hospitalization rate \$ ____/day x ____ days	
Medication \$ ____/day x ____ days	
Special Diet \$ ____/day x ____ days	
ICU \$ ____/day x ____ days	
Radiographs: ____ x \$ ____ per film	
Laboratory	
Other	
<b>Total Estimate</b>	

The undersigned acknowledges that he/she is the owner or authorized agent for the animal described above and hereby requests, authorizes and consents that the (**Your Practice Name**) hospitalize, care and treat the said animal according to the description and estimate above. The owner/agent agrees to pay for all relevant costs of the care according to the above estimate, payment to be made in full upon discharge of the animal.

I hereby authorize (Your Practice Name) to conduct the procedures described above. They have been fully explained to me to my satisfaction as well as the relevant costs.

**Owner/Agent Signature:** \_\_\_\_\_