



2003 N Boomer  
Stillwater, OK

BAKER ANIMAL CLINIC  
M. Di Gregorio, DVM

Clinic: (405) 372-4525

## CLINIC ADMISSION CONSENT FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Owner DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Animal Name \_\_\_\_\_

Sex \_\_\_\_\_ Breed \_\_\_\_\_ Species \_\_\_\_\_ Color \_\_\_\_\_ DOB \_\_\_\_\_

Social Security # \_\_\_\_\_ DL # \_\_\_\_\_ EMAIL \_\_\_\_\_

Phone (home or message) \_\_\_\_\_ Place of Employment \_\_\_\_\_

Phone (work) \_\_\_\_\_ Referred by \_\_\_\_\_ Phone \_\_\_\_\_

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

I understand that during the performance of discussed procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension or addition of the foregoing procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment and agree to their changes. NOTE: In all cases where possible and practical the clinic will contact you prior to any additional procedure for permission to perform said procedure. I also authorize the use of appropriate anesthetics, and other medications, and I



understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved. I realize that results cannot be guaranteed.

I agree to indemnify and hold you harmless from and against any and all liability arising out of the performance of any procedures discussed.

With regard to payment: It is understood that payment-in-full for veterinary services is due at the time of the procedure or pick up of pet unless prior arrangements have been made. In the event of no prior arrangements and non-payment in full of the account, my pet will not be released to my care. My account will continue to be charged at the appropriate daily boarding rate. Notice: If no contract between the owner and clinic occurs after three (3) days of the date of a procedure or the availability of a pet pick up, a written notice by certified mail, return receipt requested, will be given by the clinic to the owner at his or her last known address as indicated above, which notice shall specify that the owner has ten (10) days in which to pay his or her account or the pet will be deemed abandoned by its owner. At the expiration of said 10-day period, the pet may be sold or turned over to the custody of the nearest humane society or dog pound or animal shelter in the area for disposal as such custodian may deem proper. If no such custodial institution is available in the county, the animal may be disposed of in a humane manner or sold.

I have read and understand this authorization and consent.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of legal owner or responsible person