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[www.roserockvethospital.com](http://www.roserockvethospital.com)  
 "Loving Care for Your Pet"

**Medical Consent**

Date	Last Name	Pet's Name	For Office Use Only		
			Client #	Weight	CSR

We at Rose Rock Veterinary Hospital understand that most people who drop off their animals for examination are in a hurry. To better serve you and your pet, please take a few minutes to fill out this form.

**General History**

What is your primary concern today? (Describe in detail) \_\_\_\_\_

When did your pet start showing these symptoms? \_\_\_\_\_

Describe your pet's attitude and activity level.    Normal      Sluggish      Depressed      Hyperactive      Hides under bed

How is your pet's appetite?    Ravenous    Increased    Same    Decreased    Not eating

Have you changed your pet's diet recently?    Yes    No    What kind of food was fed before? \_\_\_\_\_

What kind of food do you feed at home? \_\_\_\_\_

Has your pet's environment changed? \_\_\_\_\_

If your pet has been vomiting or is having diarrhea, please describe. \_\_\_\_\_

**Consent for Examination, Hospitalization, and Treatment**

As the owner, or owner's agent of the above animal, I hereby give my consent to the staff veterinarians at Rose Rock Veterinary Hospital to examine, and if appropriate, to hospitalize, prescribe medications for, and perform treatments as deemed necessary on my animal.

In the event the veterinarian or staff is unable to reach me, I understand it is my responsibility to call the hospital daily to inquire as to the medical status of my pet.

I acknowledge that the medical condition of my pet may drastically worsen in a short period of time. I realize that unforeseen events may occur during the period of hospitalization. Should some unexpected life saving emergency care be required, and should the situation or circumstances preclude my being contacted, Rose Rock Veterinary Hospital's staff has my permission to provide necessary treatment.

I understand that I am responsible for all professional and hospital fees, including fees for medications and diagnostic procedures, and agree to pay, in full, for all services rendered. This responsibility continues in the event my pet fails to recover, dies, or is euthanized. I am encouraged to discuss all fees attendant to the care of my animal before services are rendered, and to request a written estimate of involved fees if one has not been provide to me. Any verbal or written estimate of charges or fees is only a best approximation, and the final charges may be less than or greater than this amount. I agree to pay a deposit of 50% of the estimated fees upon hospitalization, and to pay for the balance of all services rendered on a cash, credit card or check basis upon discharge.

I further agree that I, or an authorized agent, will pick up my pet and pay for all accrued charges within 5 days after receiving written or oral notification that my pet is ready to be released from Rose Rock Veterinary Hospital. Such notice will be given at the address maintained on the hospital's patient/client record or the address listed below. I agree that if I fail to comply with this policy, Rose Rock Veterinary Hospital will consider my animal abandoned and will proceed accordingly.

All Guests will be inspected for fleas and ticks upon entry and will be treated, if necessary, at your expense.    Initial \_\_\_\_\_

**I have read and agree to the above statements:**

Signature \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Phone Release \_\_\_\_\_ Release Time \_\_\_\_\_

(Only the person in charge of making decisions will be contacted by the doctor.)

I authorize any diagnostic procedures deemed necessary up to a maximum amount of \$\_\_\_\_\_.

\_\_\_\_\_ I understand basic diagnostic procedures will be performed and after an initial diagnosis is reached, the doctor will contact me at the numbers I have listed as soon as possible.