



Medical Treatment Consent Form

I hereby authorize the doctor(s) of Airpark Animal Hospital to admit my pet(s) to the hospital to perform an exam, diagnostic tests, and treatment procedures as chosen or deemed necessary at this time.

I have been provided an estimate for today and realize it is only an approximation.

I agree to pay in full at the time services are rendered, including charges for services deemed medically necessary if I cannot be reached in a timely manner at the phone numbers below.

I understand that the staff is not present on the hospital premises on a 24 hour basis for direct observation of the animals.

Date _____ Owner's Signature _____

Home Phone _____ Work or Cell Phone _____