



Hospital Admission Form

I, having the authority, do give my consent to Gigis Medical LLC, for Dr. Elizabeth Gigis and/or her agents to receive, treat, and/or operate upon _____ (pet's name). I understand that the surgery or treatment contemplated is or that my pet is being admitted for diagnostic work-up and medical treatment and/or surgical treatment for

And that the Gigis Medical LLC is to use all reasonable precautions against injury, escape, or demise of the animal, but will not be held liable or responsible in any manner whatever or any circumstances on account of the care, treatment, or safekeeping of my animal or otherwise in connection therewith as it is thoroughly understood that I assume all risks. I understand that if my animal is found to have fleas or other external parasites, these will be treated and these costs added to the above-described procedures. I consent to the administration of such tranquilizer and/or anesthetic as the Doctor may prescribe. I acknowledge that no assurance or guarantee has been made of the results of surgery or treatment and that risk and probabilities of complication exist in any surgical or medical treatment.

I UNDERSTAND THAT West Chester Vet Center IS NOT A 24 HOUR FACILITY. FOR PETS THAT ARE BOARDED OR HOSPITALIZED, THERE WILL BE TIMES AT NIGHT AND ON WEEKENDS WHEN MY PET WILL BE LEFT UNATTENDED. I UNDERSTAND THAT I HAVE THE OPTION OF TRANSFERRING MY PET TO A 24 HOUR CARE FACILITY OR EMERGENCY CLINIC AT CLOSING TIME.

I understand that the treatment of the patient will be conducted with due care and in accordance with the prevailing standards of competency in Veterinary Medicine. I certify that no guarantee or assurance has been made as to the results that may be obtained through the course of treatment undertaken by the veterinarians, agent or employees of West Chester Vet Center.

I authorize the veterinarians on duty (and the assistants they designate) to administer any emergency medical or surgical treatment which is considered therapeutically and/or diagnostically necessary on the basis of the findings during the course of the examination and agree to assume the costs for these services.

All medical, surgical, hospital charges shall be paid at the time my pet is released. The animal will be considered abandoned and may be disposed of or euthanized as the management of Gigis Medical LLC, sees fit, if the pet is not called for within 10 days after receipt of the written notification or notification to Gigis Medical LLC or of undeliverable written notice. It is understood that abandonment does not release me from paying all costs of service, hospital/medical/and/or surgery fees. I agree to be liable for all costs of collection, including attorney and legal fees for non-payment and/or abandonment. In case of non-payment, I am aware that Gigis Medical LLC will charge the cost of collecting the debt on the amount owed for services.

Please notify us in writing of any special dietary, health, allergies, medical reactions, medications being received or important information (use back if necessary). We will gladly prepare a written estimate if you desire (Please ask our Doctor or receptionist during regular office hours. **ALL professional fees are due at the time services are rendered. We accept cash, debit, and major credit cards.**

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

Name _____

Date _____

Signed _____

Phone _____