



MID-ATLANTIC
ANIMAL SPECIALTY
HOSPITAL

4135 Old Town Road Suite B PO Box 1168 Huntingtown MD 20639-1168 • 410.414.8250 (voice) • 410.414.2222 (fax) • www.vemash.com

BRUCE S. NWADIKE, DVM, MRCVS, DACVS
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Surgery

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Emergency Medicine

INFORMED CONSENT AND ESTIMATE FOR TREATMENT

Based on the history provided and physical examination findings of your pet _____, hospitalization under the primary care of Dr. _____ is required if we are to pursue the diagnosis and treatment of his/her problem(s). This form is intended to make you aware of the procedures and treatments that we are planning, and the costs associated with your pet's hospitalization.

Please remember that any charges you were quoted when you scheduled your appointment were ESTIMATES only. PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR AGREEMENT WITH EACH STATEMENT BY INITIALING IN THE BLANK SPACE PROVIDED.

1. Some procedures are inherently risky and complications, including the death of your pet, may arise. I have been informed of the risks and complications associated with my pet's condition, the planned procedures or diagnostics, and any treatment thereof. I understand that results cannot be guaranteed. _____
2. Anesthesia & sedation may be needed to diagnose and treat your pet. However, anesthesia and sedation depress the function of the brain, heart and other vital organs. Debilitated, critically ill, very young, very old, very small and very large animals are most at risk for complications, deterioration of their condition and/or death while anesthetized or sedated. I give my consent to sedate and/or anesthetize my pet as required to facilitate diagnostics and/or treatment. _____
3. I understand that close clipping of the hair/fur is sometimes required for certain diagnostic procedures or treatments. I give my consent to clipping of the hair/fur on my pet as required to facilitate diagnostics and/or treatment. _____
4. I have been informed of or have had an opportunity to ask about alternatives to the suggested procedures. _____
5. I assume full responsibility for all charges accrued from diagnostic procedures and treatments performed at Mid-Atlantic Animal Specialty Hospital (MASH). I am also aware that complications, deterioration of condition, death and any unforeseen events resulting from such diagnostics or treatment will not relieve me from any obligation to all costs incurred during hospitalization. _____
6. I am aware that the COST ESTIMATE for my pet's hospitalization is _____ to _____. Furthermore, I am aware that as more is learned about my pet's condition, additional costs may arise. I have been informed that MASH will attempt to contact me daily regarding current charges and project estimate adjustments as required, if I request this. _____
7. I agree to leave a deposit of _____, being 50% of the upper range of the COST ESTIMATE. If charges during hospitalization exceed the above estimate, I agree to make additional deposits as required for any continued costs. Furthermore, I agree to pay the balance *in full* upon discharge from the hospital (or unfortunate death or consented euthanasia) of my pet. I also understand that unless informed otherwise recheck appointments, especially those requiring radiographs, bandage changes, blood tests, etc. will usually incur additional charges. _____
8. *(Please initial ONLY one of the following two options).* In the event of an emergency and I cannot be contacted, I give authorization to the clinicians of MASH to treat my pet as necessary using their sole judgment _____; *OR* my pet should not be provided any treatment without my consent. _____
9. *(Please initial ONLY one of the following two options).* Should my pet experience a cardiac arrest during hospitalization, I authorize MASH to perform cardiopulmonary resuscitation _____; *OR* I do NOT authorize resuscitation. _____



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10. I understand that should I fail to collect my pet within 10 days of the informed date of intended discharge, I relinquish his/her full ownership to MASH. Furthermore, I agree to pay any additional charges incurred after said intended discharge date, whether or not I collect my pet within that 10-day period. _____

Clinician/MASH Representative Signature

Owner/Agent Signature

Date