GREENBRIAR
Veterinary Hospital Luxury Pet Resort

Hospitalization Consent Form

Procedure(s) to be performed for :_____

I, the undersigned owner or agent of the pet identified above, authorize the staff of to perform the above procedure(s) and treatments.

I certify that I am the owner, or authorized agent for the owner, of the above animal. I hereby consent to and authorize the doctors and staff at this veterinary practice to admit this pet, perform the above described procedures, and administer medications, anesthesia, surgical procedures, tests and or treatments that the doctors deem necessary for its health, safety and well being while under their care and supervision.

I understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies. If unable to contact me: the staff may or may not have my permission to proceed with life sustaining procedures. (DNR)

I give my permission [yes]: ☐ I do not give my permission [no]: ☐

I have read and fully understand the terms and conditions set forth above.

_____ _____
Signature of Owner or Authorized Agent Date

Phone number(s) at which owner can be reached:_____