

## FINANCIAL RESPONSIBILITY AGREEMENT AND AUTHORIZATION FOR PROFESSIONAL SERVICES

Owner: \_\_\_\_\_ Pet name: \_\_\_\_\_

The individual signing this document represents that he or she is the owner (or agent of the owner), of the animal described above. I understand that by signing this document I am assuming full financial responsibility for all services rendered by the Broadway Veterinary Hospital.

The Broadway Veterinary Hospital does not bill accounts and all fees are due and payable at time of discharge. Under most circumstances a partial or full deposit on anticipated charges will be required. The Broadway Veterinary Hospital will accept cash, check, VISA /Mastercard, American Express, Discover and Care Credit. If paying by check, your account will be verified using Telecheck and any returned check will accrue a \$30.00 penalty, plus any additional fees and costs allowed by statute.

The Broadway Veterinary Hospital will provide a written estimate of anticipated charges if requested and will also provide a copy of this form upon request.

I hereby authorize the Broadway Veterinary Hospital to perform such diagnostic, therapeutic, surgical and anesthetic procedures as have been discussed and agreed upon as necessary and advisable for the treatment and maintenance of my pet's health and well-being. I understand that every reasonable attempt will be made to keep me informed of test results, health status, and prognosis throughout the course of treatment.

If an unforeseen situation or condition arises requiring procedures in addition to or different from those now contemplated, I authorize Broadway Veterinary Hospital to do what it deems advisable. I understand that every reasonable attempt will be made to contact me for authorization for such procedures.

Phone: \_\_\_\_\_

The nature and purpose of the procedures, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me to my satisfaction. I understand that neither guarantee nor warranty can ethically or professionally be made regarding the results or cure. I understand that the Broadway Veterinary Hospital will use every reasonable precaution to assure my pet's safety while it is in their care, and I will not hold the Hospital responsible if my pet should injure itself, escape, fail to eat, become ill or die, unless the said results are solely the result of the Hospital's negligence.

All pets admitted into Broadway Veterinary Hospital must have written proof of current routine immunizations. I understand that I am responsible to provide proof of current vaccine status within 12 hours of admission. For the safety of all, unvaccinated pets will be given a comprehensive physical exam, and vaccinations for Rabies and distemper will be brought current. To prevent flea infestation of the hospital and of its patients, all incoming pets are carefully examined for any evidence of fleas. If any flea problem exists, appropriate flea control will be administered. There will be standard fees charged for any of these procedures if they are performed.

### ALL FEES ARE DUE AND PAYABLE AT THE TIME OF DISCHARGE

Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_