Treatment Plan & Consent Form

Finger Lakes Animal Hospital
5383 Thomas Rd Canandaigua, NY 14424
585-394-2288

Date: _____

As the owner (or authorized agent for the owner) of _____ I do hereby consent and grant the veterinarians of Finger Lakes Animal Hospital and all of their employees, agents, servants, and/or representatives (collectively, the "Hospital") full and complete authority to perform the procedures and treatments described above and to perform any other procedure or treatment that, at the attending veterinarian's discretion, may be deemed medically necessary for my pet if I am unable to be reached, and I do hereby forever release and discharge the Hospital from any and all liability arising from such procedures and treatments. This is only an approximation of the cost of this visit. I understand that I am responsible for all fees incurred during this visit and to pay any remaining balance at or before the time of discharge.

All pets left for boarding must be current on all required vaccinations:

Dogs: DHPP, Leptospirosis, Rabies, and Bordatella (kennel cough)

Cats: FVRCP and Rabies

All vaccines must be current, and need to have been performed at least 14 days prior to my pet's visit.

I understand that my pet needs to be on a flea prevention. If my pet is not already on prevention, hospital staff can apply Revolution for cats or Advantix for dogs upon admission. If my pet has fleas at discharge and I did not request prevention be applied, I will not hold the hospital responsible for treatment.

If medications are necessary for treatment or handling, I give my permission for Finger Lakes Animal Hospital to administer such medications at my expense. I authorize Finger Lakes Animal hospital to do whatever is necessary for my pet in case of illness or in an emergency.

Finger Lakes Animal Hospital cannot be responsible for leashes, collars, toys, blankets, etc. If I choose to leave items with my pet, hospital staff will make every attempt to return those items to me upon departure.

I understand that my pet must be able to be handled by staff for proper care. If my pet becomes too aggressive to be handled, I will make arrangements to pick up my pet from boarding.

I have notified Finger Lakes Animal Hospital if any person besides myself and the people listed on my chart will be picking up my pet.

I accept and agree to the terms above:

Signature: _____ Date: _____

Print Name: _____ Tel # to reach while gone: _____

Additional phone numbers of people that can make decisions in your absence: _____

******In case of medical emergency:** **Begin to perform necessary procedure – then call** ☐
Do not perform life saving procedures ☐

Initials of person admitting

_____