



Treatment Plan & Consent Form

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

Owner: _____

Patient: _____

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, I do hereby forever release and discharge the Hospital from any and all liability arising from such procedures and treatments. 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 (has had them at least 2 weeks prior, and is not overdue now) on all required vaccinations.:

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

Cats: FVRCP and Rabies

I understand that my pet needs to be on flea prevention. If my pet is not already on prevention or if fleas are found on my pet, hospital staff can apply Revolution Plus to cats or Advantix to dogs at my expense.

If an examination and or if medication is necessary for treatment or handling, I give my permission for Finger Lakes Animal Hospital to perform the examination and 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.

Diabetic boarders and medical boarders

Medical boarders are here under the supervision of their attending doctor, and technicians are responsible for the day to day monitoring. Your pet must have a physical exam here prior to admission, and the doctor must approve medical boarding.

There is an additional charge to have a technician come in outside of our normal hours to administer insulin or perform other treatments. This charge is \$50 per trip.

If a diabetic pet is reluctant to eat while in our care, we will monitor their blood sugar level to determine if insulin is safe to be given. Our goal is to keep your pet safe and closely monitor their well-being during their stay.

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 emergency, life-saving drugs and treatment may need to be started. This will incur additional costs.**

If my pet requires emergency intervention, I would prefer to have the Finger Lakes Animal Hospital doctors:

- Begin performing necessary procedure prior to contact.**
- Call before starting necessary procedure, and in the event that I cannot be contacted, begin performing treatment.**
- Do not perform life-saving procedures. DO NOT RESCUSITATE and notify me.**

Initials of person
admitting _____