



Hospitalization Daytime/Overnight Consent Form

Patient	Date
Owner	Emergency Number (1)
Second Owner	Emergency Number (2)
Reason for hospitalization	
<p>CPR- Your pet may require cardiopulmonary resuscitation (CPR), including cardiac compressions, positive pressure respiration, emergency medications, or other interventions. If I request such emergency procedures, I agree to be held responsible for veterinary services provided to my pet while staff members pursue treatment and try to reach me for further directions. Regardless of my pet’s recovery or survival, I agree to pay CPR fees in addition to other fees already identified by the practice and agreed upon by me.</p> <p>Please initial one of the following:</p> <p><input type="checkbox"/> CPR treatment and the costs associated.</p> <p><input type="checkbox"/> DNR “do not resuscitate”. This is a decision that CPR is not to be performed.</p>	

BPAH Business Hours:
Monday - Friday 7:30 AM to 7:00 PM
Saturday & Sunday 8:00AM to 5:00 PM.

I certify that I own (or I am the duly authorized agent of the owner) the animal and have requested and authorized Boca Park Animal Hospital to hospitalize my pet, administer all vaccinations, medications, anesthetics, and treatments, and to conduct such surgical procedures as the doctors deem advisable or necessary for the health, safety, or well-being of this animal while it is under their care and supervision.

On most occasions we have overnight staff on premises for supervised care and treatment of hospitalized pets. However, if we have a pet deemed unstable special arrangements may be made for the pet to be either transferred to a 24-hour emergency.

I understand that all payments are due after services rendered.
 The estimate provided is subject to vary and additional costs may incur dependent on patient’s condition.

By signing below, I consent for my pet to be hospitalized overnight and understand the policy statement above.

Signature/Date
Witness/Date