

36 Highland Drive  
Oakland, ME 04963



phone: (207) 465-8300  
fax: (207) 465-8301  
www.kennebecvet.com

Client Name: \_\_\_\_\_ Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

I confirm that the above information is current and valid: \_\_\_\_\_

I, the undersigned, am the owner or agent of the owner of the above listed animal. I certify that I am at least 18 years of age and that I authorize Kennebec Veterinary Services, Inc., (KVS, Inc.) its doctors and staff, to admit this animal into the hospital for treatment, diagnostic procedures and/or surgery. I understand that the animal may be given sedatives, tranquilizers or undergo general anesthesia as necessary to perform said procedures. I understand the risks, up to and including death that this may present and that I have had an opportunity to discuss any concerns regarding administration of such medications with a licensed veterinarian prior to admission. I accept that all procedures will be performed to the best of the abilities of the staff, and that no guarantee or warranty has been made regarding the results that may be achieved. If the animal should become injured, refuses to eat, soil itself, escape, become ill or die while under the care of KVS, Inc. I shall hold the company and/or any and all of its employees or owners free of any responsibility or liability in the absence of gross negligence. I am aware that KVS, Inc. is not staffed 24 hours per day. There is a veterinarian on call after normal business hours and every animal admitted will be monitored as closely as deemed medically necessary, however, may not be directly monitored at all times.

I agree to pay a deposit (if applicable) of the estimated fees at the time of admission and agree to assume financial responsibility for all fees and charges, and to provide payment *in full at the time of my pet's discharge* from the hospital. If I neglect to pick up the animal within five (5) days of written notice that it is ready for discharge, KVS, Inc. will consider the pet abandoned and dispose of it as seen fit. In cases of non-payment, a finance charge of 1.5% per month (18% per year) will be charged along with any applicable billing fees. Furthermore I agree to pay any charges for collection or attorney fees that are incurred.

Should unexpected emergency or life-saving care or procedures be required due to unforeseen circumstances, the hospital staff has my permission to provide such treatment and I agree to pay for such care.

Kennebec Veterinary Services, Inc. strongly suggests that all animals undergoing sedation or anesthesia have preoperative blood work performed. Because a physical exam alone may not identify all of your pet's health problems, this testing is very important. While the pre-anesthetic blood work does not guarantee the absence of anesthetic complications, it will allow us to tailor an anesthetic plan most appropriate for your pet. The cost of this testing will be between \$52 and \$80 depending on the pet's age or medical condition.

- o Please complete the recommended pre-anesthetic blood work
- o I decline the recommended pre-anesthetic blood work. I understand this may increase the anesthetic risks to, up to and including death of, my pet.

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Signature of Owner/ Agent: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number(s) where I can be reached today or tomorrow: \_\_\_\_\_

For all spay procedures, we place a small tattoo below the incision to designate the animal has been sterilized. If you DO NOT want this tattoo, please initial here: \_\_\_\_\_