

**FLORESTA ANIMAL HOSPITAL
4959 LE CHALET BLVD. SUITE B
BOYNTON BEACH, FL 33436
561 734 3600
DR. JEAN BURNS**



ADMISSION FORM Surgical and Hospitalization Release

I am the owner of the below-named animal, or am responsible for it and have the authority to execute this consent.

I am over eighteen years of age.

I hereby consent to the hospitalization of the below-named animal, and authorize the doctor and her staff to administer any medication, tests, anesthetics or surgical procedures that the doctor deems necessary for the health, safety, or well being of my pet.

I understand that as a prerequisite to my animal being admitted, vaccinations must be current, and that my pet must be free of external and internal parasites (fleas, ticks, worms, etc.) or these will be corrected at admission and charged accordingly.

All fees for professional services are due and payable at time of discharge.

I agree, in the event that any amount becomes past due more than 30 days, I will pay interest thereon at 18% annum, (1.5% per month) plus a monthly billing charge from the date the charge was incurred.

In the event it becomes necessary to collect fees through the services of an attorney, either prior to trial, then, the client agrees to pay all reasonable attorney's fees. In the event it becomes necessary to collect these fees through litigation, then the client agrees to pay all court costs, deposition fees and reasonable attorney's fees incurred.

50% Deposit Required _____

Animals Name: _____ Owner's Name: _____

Estimated Cost: _____ Date: _____

Owner's Signature _____

Phone number _____

Phone number _____

Procedure _____