CONSENT TO HOSPITALISATION

Owner details:

Full name: .....
Home address: .....
Telephone / email: .....

Patient details:

Animal's name and species: .....
Date of birth / age: .....
Identification (microchip/other): .....

Reason for hospitalisation: .....
Expected discharge date: .....
Estimated cost: .....
Deposit paid: .....

I, the undersigned, declare that I am the owner of the patient or that I have the owner's consent to act on their behalf, and I hereby consent to the patient's hospitalisation.

By signing below, I confirm that I have been informed of the patient's medical condition and agree to the proposed treatment. I confirm that I have been informed of the potential risks and acknowledge that the clinic cannot be held liable for changes in the patient's medical condition, but only for the proper performance of medical procedures. I consent to the patient being treated under sedation if necessary.

I agree to the estimated cost and to paying the deposit stated above. I acknowledge that unforeseen expenses may arise due to changes in the patient's medical condition or that the hospitalisation may need to be extended for radiation protection reasons. I undertake to pay the outstanding balance no later than upon the patient's discharge.

I undertake to collect the patient on the expected discharge date. If I fail to do so, each commenced day of hospitalisation will be charged at the standard rate. If I do not collect the patient within three days of the expected discharge date without a serious reason, the patient may be considered an abandoned animal and transferred to the care of an animal shelter.

I consent to the patient receiving antiparasitic treatment upon admission for hospitalisation if necessary.

Prague, date ----------

Handwritten signature of the owner or authorised representative