

# Auburn University College of Veterinary Medicine Small Animal Teaching Hospital

Primary Owner: \_\_\_\_\_

Email Address: \_\_\_\_\_ Owner Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Number City State Zip

Phone Numbers: \_\_\_\_\_

Co-Owner Name and Phone number: \_\_\_\_\_

Are you a CVM Student? \_\_\_\_\_ CVM Employee? \_\_\_\_\_ Active/Retired Military? \_\_\_\_\_ 501(c)(3)? \_\_\_\_\_ \*may require additional documentation

## Patient Information

Patient Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Species:  Dog  Cat Exotic: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_ Color: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Date and Clinic of last Rabies Vaccination: \_\_\_\_\_

**Any animal that bites or scratches a person must be quarantined for ten (10) days. Unvaccinated patients require clinical quarantine, while vaccinated patients may complete quarantine at home.**

Presenting Concern/Complaint: \_\_\_\_\_

### Service:

Cardiology  Community Practice  Dermatology  Emergency  Internal Medicine  Neurology  Oncology  Ophthalmology  Orthopedics  General surgery

## Referring/Primary Veterinarian

Referring DVM: \_\_\_\_\_ Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Has any treatment been performed?  Yes  No

Primary DVM: \_\_\_\_\_ Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Consent to Treat & Financial Responsibility:

I certify that I am the owner or duly authorized agent for the animal described above and authorize the Auburn University Veterinary Teaching Hospitals (AUVTH), its clinicians, employees, and representatives to perform medical, surgical, diagnostic, anesthetic, radiographic, or other procedures deemed necessary for the diagnosis and treatment of my animal.

I understand that inherent risks exist with anesthesia and any invasive procedure, including surgery, and that no guarantees have been made regarding the outcome of any examination, diagnostic procedure, or treatment.

I understand that a verbal or written estimate of fees will be provided; however, **estimates are not guarantees of total charges** and may change based on my animal's condition and treatment needs. **A deposit may be required prior to or during treatment based on the estimated cost of care. Failure to provide the required deposit may delay or limit services.** I agree to assume full financial responsibility for **all services rendered**, with any remaining balance due in full at the time of discharge. Unpaid balances may be referred to an external collection agency, and I agree to be responsible for all associated costs.

If my animal is hospitalized for more than forty-eight (48) hours and I have not been contacted, I understand it is my responsibility to contact the attending veterinarian for updates. I agree to retrieve my animal and pay all accrued charges within five (5) days of notification of discharge.

### Cardiopulmonary Resuscitation (CPR) Authorization:

*(Please check one)*

**Do Not Resuscitate (DNR):** No procedures to restart breathing or heart function will be instituted in the event of cardiopulmonary arrest.

**Authorize CPR:** I authorize cardiopulmonary resuscitation and agree to pay for all care provided.

### Rabies Vaccinations:

I understand that rabies vaccination is required by Alabama State Law. Any animal that bites or scratches a person must be quarantined for ten (10) days. Unvaccinated animals require clinical quarantine, while vaccinated animals may complete quarantine at home. I understand that I am financially responsible for all costs associated with rabies quarantine and related care.

### Credit Balance Policy:

I understand that any credit balance of \$10.00 or less may be considered abandoned if not requested within sixty (60) days.

### Definition of Teaching Hospital:

I understand that AUVTHs are Teaching Hospitals and that care of my animal will be under the supervision of a senior clinician with the assistance of students, interns, residents, and technicians.

### Release:

Information obtained during the evaluation and treatment of animals admitted to AUVTH is the property of Auburn University and becomes part of the medical record. This includes written accounts of case histories and management, products of diagnostic procedures, tissues, photographs/video/, and diagnostic films of the patient. Biological samples collected with owner consent for diagnostic purposes become the property of AUVTH. I consent to the use of any remaining biological samples for clinical investigations. I consent to the use of the accumulated information for the purposes of treatments, medical education, clinical investigations, publications, and presentations and professional or lay persons meetings. Neither the name of the client or the patient will be used to identify medical information relating to the patient.

\_\_\_\_\_  
Signature of Owner or Authorized agent

\_\_\_\_\_  
Date