

Noah's Ark Pet Hospital

9841 Willis Rd.
Willis, MI 48191
(737) 461-7387 (PETS)

Admission/Consent Form

(Please read carefully and sign)

I authorize Noah's Ark Pet Hospital, the doctor and staff, to perform the designated procedure(s) for my pet's health. The procedure(s) and estimated costs have been explained. The best care possible will be provided for my pet.

I understand that payment is due at the time of services rendered, and that Noah's Ark does not extend credit as they are not a lending facility. I realize that the quote for the procedure(s) is an estimate only, and the actual cost may exceed or be lower than the estimate, depending on the extent of the animal's condition.

If the animal is found to be infested with fleas, I understand that Noah's Ark will administer treatment and I will be responsible for such costs. This is for my pet's benefit, and because the hospital cannot have a flea infestation.

Signature of owner/authorized person: _____

Date: _____

Contact Phone Number to be reached: _____

Emergency Contact Name and Number: _____

I also understand that administering anesthesia is an inherently dangerous procedure. If in the case of an emergency and I cannot be reached, I authorize the doctor and staff to do whatever necessary for the health of my pet.

Owner's Initials: _____