



Hospitalization of Patients

Double Churches Animal Clinic is equipped to hospitalize our patients during regular business hours for patients needing general nursing care, medications (topical, oral or injectable), assisted feeding, IV fluids, oxygen therapy, nebulization, wound treatment and monitoring. Hospitalization overnight may be offered to those patients who need treatment, but appear stable and do not require overnight monitoring, as we are not staffed during non-business hours. We require a deposit of 50% of the estimated treatment plan prior to hospitalization; the balance will be due at discharge. We accept cash, checks credit cards and Care Credit for payment. Since patient's health status can change over time, we will advise you of these changes to include updated treatment recommendations and fees as they become apparent.

Patients who need continued monitoring and treatment overnight, weekends or holidays will be referred to Rivertown Veterinary Emergency here in Columbus or Auburn University's College of Veterinary Medicine in Auburn, AL. Moreover, those requiring 24-hour intensive care will be referred to Auburn University.

Our veterinarians will advise you of the appropriate level of medical care for your pet, and which facility/facilities is/are best equipped to provide this care. If you decline to hospitalize your pet or transfer him/her to one of the locations with supervised care, you will need to sign a waiver.

Please check the appropriate box and sign at the bottom of this page:

I am the legal owner of _____ (pet's name) and am 18 years of age or older. I understand and **agree** to the care provided for my pet at Double Churches Animal Clinic, P.C. while he/she is hospitalized at this facility and agree to the estimated treatment plan and fees to be paid as described above.

I am the legal owner of _____ (pet's name) and am 18 years of age or older. I **decline** transferring my pet to a facility for continued monitoring and treatment overnight, over the weekend or holiday and have been advised of the risks to my pet's health. I release Double Churches Animal Clinic, P.C., its veterinarians and staff from any liability resulting from this decision.

I am the legal owner of _____ (pet's name) and am 18 years of age or older. I **decline** hospitalizing my pet at Double Churches Animal Clinic, P.C. for treatment and have been advised of the risks to my pet's health. Furthermore, I release Double Churches Animal Clinic, P.C., its veterinarians and staff from any liability resulting from this decision.

Signature: _____

Date: _____