

Mitchell Hammock Pet Hospital
255 Alexandria Blvd.
Oviedo, Florida 32765
(407) 366-7323

Woody Dudley, D.V.M

Treatment and Hospitalization Authorization

I _____, hereby consent and authorize my pet to receive, be prescribed, be given treatment, procedures, and diagnostics.

You are to use all reasonable precautions against injury, escape, or destruction of the animal(s), but you will not be held liable or responsible in any manner whatever, or any circumstances, on account of the care, treatment or safekeeping of the animal(s) named below, or otherwise in connection therewith, as I thoroughly understood that I assume all risks.

Financial responsibility for services rendered is due at time of discharge. 50% deposit required at checkin.

I also understand that Mitchell Hammock Pet Hospital is not staffed twenty-four (24) hours a day and after-hours treatment of patients is at the discretion of the veterinarian.

Signature _____ Date: _____

Phone: _____ Cell: _____

Name of Pet(s): _____