

HOSPITAL

Hospital Patient Pet Care

Date:

Organization
and/or
Pet Hospital

Dear

Enclosed is a copy of the consent to veterinary care, providing the permission for HOSPITAL Patient Pet Care, acting for Patient X in this matter only, to arrange for veterinary services and to facilitate decisions for veterinary care of _____, owned by Patient X, currently here in the Hospital.

Decisions relating to your services and to the treatment of the animal will be made by the patient or patient's representative. We, HOSPITAL Patient Pet Care program and HOSPITAL, will seek to facilitate those decisions and to assist in communications with the patient's representative and to the extent possible, with the patient, but we do not have authority in such matters. Re the above, we have discussed this with the patient and he/she agrees to veterinary care and procedures, as noted on the release, and has authorized us to provide this consent to you.

We appreciate your professional attention to the care of this animal, whose well-being is of such great importance to our patient.

Payment for services is the sole responsibility of the patient except as otherwise expressly authorized.

Sincerely,

Name
Program Coordinator
HOSPITAL Patient Pet Care