



NIGHT OWL BIRD HOSPITAL

1956 WEST BROADWAY - VANCOUVER, BC V6J 1Z2 - 604-734-5100

Client Information

First Name:	Last Name:	Middle Initial:
Other Contact:	Other Contact Cell #:	Relation:
Street Address:		
City:	Province:	Postal code:
Home #:	Cell #:	Work #:
Email:		
Are you the pet's owner?		
If no, owner's name:		
Who else is authorized to pick up the pet?		
Are you a new client?		
How did you hear about us?		

Please carefully review the Treatment Authorization and Acceptance of Financial Responsibility below and sign if you understand and agree with the below statement. Please let us know if you have questions.

Treatment Authorization

I am the owner or authorized agent for the owner of the above-named pet. I have the authority to make medical decisions related to the pet. By signing this Patient Intake Form, I authorize NOBH staff to provide care and perform any treatment, including the administration of anaesthesia and surgical procedure, they consider reasonable and necessary for the pet. I understand that, with any medical or surgical procedure, there are risks involved, including the risk of death. I acknowledge that no guarantee or assurance is being made as to treatment results.

Acceptance of Financial Responsibility

I understand that payment in full is required at the time of service. NOBH staff will provide an estimate of fees upon my request. I acknowledge that an estimate is only an approximation; actual fees may vary. I understand that NOBH staff will make every effort to keep me informed of the current charges and will attempt to contact me if it appears the high range of this estimate will be exceeded. If the pet requires hospitalization, I agree to make a deposit in advance and pay balance when the pet is discharged. If I do not pick up the pet at the date and time specified by NOBH staff, additional charges will accrue. I recognize that I am that I am responsible for all charges related to the pet, regardless of treatment results. NOBH accepts payments in cash, Interact, Visa or Mastercard. I am aware that all delinquent accounts will be transferred to a collection agency.

Owner/Agent Signature: _____ Date: _____