



Dr. Richard A. Goldman & Associates
4209 NW 37th Place, Gainesville, FL 32606
Phone: 352-373-8055
Fax: 352-373-1310

Please Print out this form and Fax or return to MVMC.

Hospital Admission Statement

Client's Name

Pet's Name

Reason for Visit

Calling Hours

A report on your pet's condition will be available between the hours of 3:00 to 4:00 p.m. The receptionist may take your number and message; the attending doctor will return your call as soon as possible. Due to morning evaluations, diagnostics, treatments and surgeries it is not feasible to speak to the doctors at the time of your call in most instances. We recognize your concerns and will do everything to respond as soon as possible. Also, please ask to set up a discharge time to discuss your pet's condition and treatments with the veterinarian.

Fees

Communication between the doctor and pet owner is essential to the best possible veterinary medical service. Please feel free to discuss your pet's treatment program and its cost estimate.

Authorization for Medical and/or Surgical Treatment

I hereby authorize and direct the veterinarians of Millhopper Veterinary Medical Center to perform the necessary procedures and additional diagnostic and/or treatment procedures as deemed advisable or necessary for my pet. The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risk involved in these procedures. I agree to pay in full for services rendered including those deemed necessary for medical or surgical complications or unforeseen circumstances. I understand that the stated estimate of charges for presently planned treatment may be greater or less than this amount.

THIS HOSPITAL HAS NO PROVISIONS FOR CREDIT UNLESS ARRANGED IN ADVANCE; ALL FEES MUST BE PAID IN FULL AT TIME OF DISCHARGE.

I have read and understand the hospital policies as stated above.

Signature of Owner/Responsible Agent

Date

Home Phone

Work Phone or Cell Phone