



## HOSPITAL ADMISSION AGREEMENT

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s) Where You Can Be Reached Today: 8a-12p. \_\_\_\_\_

12p-5p \_\_\_\_\_ 5p-7p \_\_\_\_\_

Agreement made at Long Branch, NJ on the above date between the Matawan Animal Hospital at the below address, party of the first part, and the person named above, who represents himself or herself to be the owner of the animal herein described, party of the second part, herein after called the owner.

I. The Matawan Animal Hospital agrees to receive from the owner the above described animal and to give it such medical and surgical care as it may deem advisable.

II. The owner hereby agrees to pay the Long Branch Animal Hospital the sums specified below, or if none is specified, a reasonable sum for the medical and/or surgical treatment of the animal described above herewith entrusted to its care.

III. The owner agrees to obtain the release of the animal from the Matawan Animal Hospital within three days after a request for the discharge is made. The request may be made personally, by telephone, or by letter mailed to the owner at the address given above. Should the animal not be discharged within the specified time, the owner hereby relinquishes all claims to the animal and the Matawan Animal Hospital is at liberty to make whatsoever disposition of the animal as it may see fit. The financial indebtedness incurred by the owner will still be obligated and payable to the Matawan Animal Hospital.

IV. In the event of death, and the owner desires the body of the animal, said body must be removed within twenty-four hours after being notified. Notification of death of the animal shall be made in person, by telephone, or by letter mailed to the owner at the address above. Otherwise, the Matawan Animal Hospital will dispose of said body together with any collar or harness left with the animal.

V. The owner gives permission to the Long Branch Hospital to perform such diagnostic procedures; to administer such treatment and to perform such surgery as deemed advisable by the staff veterinarians at the Matawan Animal Hospital.

VI. The owner realizes that in many cases it is impossible to determine in advance the extent of medical and/or surgical treatment required for an animal. However, the staff of the Matawan Animal Hospital will attempt to estimate the cost for services. It is understood that the actual cost may exceed or be lower than the estimate for any given animal.

In witness whereof the owner has duly signed, and the Matawan Animal Hospital has caused its name to be signed to this agreement in duplicate.

For the Matawan Animal Hospital:

For the Owner:

\_\_\_\_\_

\_\_\_\_\_

Treatment Plan cost is between \$ \_\_\_\_\_ and \$ \_\_\_\_\_

3991 County Rd 516, Matawan, NJ 07747  
(732) 566-6363 • Email: [info@matawananimalhospital.com](mailto:info@matawananimalhospital.com)  
[info@matawananimalhospital.com](mailto:info@matawananimalhospital.com)