

Fraser Valley Animal Hospital – Cat Nap Inn

Client Name:	Patient Name:
Medical Care Waiver- Please Read Before Signing	
doctors at Fraser Valley Animal Hospit maintain the health of my pet while sta	my pet has a confirmed diagnosis by a veterinarian. An examination by the al along with additional medications and/or treatments may be required to ying at the Cat Nap Inn. I understand that due to my pet's medical condition, e and therefor require more in-depth care and consideration.
Below is a list of common treatments an	d their approximate cost that a veterinarian may recommend during my pets stay:
 Cerenia: \$23 - \$28 Assisted Feeding: Cisapride: \$13 - \$3 Lactulose: \$13 - \$4 Gabapentin: \$14 - 	- \$25 per treatment (for inappetence) 3 per treatment (for vomiting) \$16 per treatment (if not eating) 19 per treatment (for constipation) 17 per treatment (for constipation) - \$32 per treatment (for stress) 22 per collection/test
boarding pet. Due to my pet's diagnosis, t make reasonable effort to contact me if the	t the care my pet will require will be over and above the standard care of a there may be an inherent urgency to the care required. Staff/Veterinarians will be above care is required. If I am unable to be reached, I give my permission for ical care as they see fit. The costs of any medications/treatments will be my financial responsibility.
Veterinary Ho	spital:
Diagnosis:	

Date: _____

Signature: _____