



## Consent for Treatment

Name \_\_\_\_\_

Pet's Name \_\_\_\_\_

Species \_\_\_\_\_

Sex (circle one) Male Male Neutered Female Female Spayed

I, the undersigned owner, authorized agent of the owner, or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that **I am/I am not** (circle one) over **eighteen** years of age, and hereby consent to the examination of this pet by staff veterinarians and technicians at this veterinary practice. I also agree that after consultation with me, the attending veterinarian may prescribe medication for, treat, sedate, anesthetize and/or perform surgery on this animal. I understand that some risks always exist with vaccines, blood draws, medical procedures, anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

I understand that an estimate of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered and during this pet's ongoing medical treatment. I agree that all payment is due at time of service and agree to pay all estimated fees and assume financial responsibility for the balance of all services rendered on a cash, credit card, or check basis at the time the pet is treated. In the event of a returned check I agree to pay a \$25.00 returned check fee.

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian if owner/  
agent less than 18 years of age

\_\_\_\_\_  
Date