

Alta Vista Veterinary Clinic Treatment Consent Form

Owner/Agent's Name: _____ Date: _____

Pet's Name: _____ Breed: _____ Age: _____

I am the owner or agent responsible for the patient named above, I am over 18 years of age, and have the authority to execute this consent. _____

As the owner/agent, I understand and agree to the following:

Give permission to Alta Vista Veterinary Clinic to perform all procedures, hospitalization, & or boarding services discussed and/or estimated. _____

Vaccinations must be current and the patient must be free of parasites (fleas, ticks, worms, etc.). If these prerequisites are not met, they will be updated at the time of admission for an additional fee. _____

Full payment must be made before or at the pet's time of release. Full Payment can be made by: Credit, ATM, Cash, or Care Credit. (There is no billing, and I.D of card holder is mandatory. A signed approval letter with I.D must be presented when person is not present for payment) _____

There is no staff on premise overnight. _____

Should an emergency occur, the pet will be stabilized at the expense of the owner. (Unless documented as a DNR patient) _____

While under anesthesia, a more thorough exam may be possible, and additional recommendations may occur. If additional services, not on the estimate are needed, choose one option:

1. ___ I preapprove any additional procedures.
2. ___ I preapprove up to \$ _____ above the estimate.
3. ___ I do not preapprove any additional procedures without being contacted. I will be available by phone and understand a prompt decision must be made due to pet being under anesthesia.
4. ___ I do not preapprove additional procedures needed. I am aware that additional cost, anesthesia and possible risk to pet will occur due to delayed treatment.

Please note any additional services you would like performed: Microchip: ___, Nail Trim: _____, Anal Gland Expression: ___, Laser: ___, Other: _____

I understand that there is an innate risk involved whenever an animal undergoes anesthesia, surgery, and/or restraint, and there is no way to ethically guarantee the successful outcome of the procedures performed. The amount of risk depends on many factors known and/or unforeseen including age and physical condition. I understand all of the above and give my consent:

Owner/Agent's Signature: _____

Contact Phone numbers for today: 1st: _____ 2nd: _____