

*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 diagnostic, therapeutic, surgical and preventative procedures, hospitalization, or boarding services discussed and/or estimated.  
\_\_\_\_\_

That as a prerequisite to the admittance of the patient, 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 corrected at the time of admission for an additional fee. \_\_\_\_\_

Full payment must be made before or at the pet's time of discharge or termination of services. Full Payment can be made by: Visa, Mastercard, Discover, ATM, Cash, or Care Credit. (There is no billing, and proof of identification is mandatory) \_\_\_\_\_

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) \_\_\_\_\_

Should an unforeseen, non-emergency procedure(s) not discussed and/or not estimated for be recommended, I agree to one of the following:

1.  I will be financially responsible for any additional procedures.
2.  I accept financial responsibility up to \$ \_\_\_\_\_ above the estimate.
3.  Except in the case of an emergency, I do not authorize additional procedures.

Please note any additional services you would like performed: Microchip: , Anal Gland Expression: , Nail Trim: , 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 preformed. 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: 1<sup>st</sup>: \_\_\_\_\_

2<sup>nd</sup>: \_\_\_\_\_