

# STANDARD CONSENT & CLIENT INFO



OWNER'S NAME: \_\_\_\_\_  
MR. / MRS. / MISS / DR. FIRST LAST

CO-OWNER'S NAME: \_\_\_\_\_  
MR. / MRS. / MISS / DR. FIRST LAST

ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

EMPLOYER: \_\_\_\_\_  
OWNER CO-OWNER

CONTACT NUMBERS:  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
HOME WORK CELL

**PLEASE CHECK ONE PREFERRED CONTACT NUMBER**

\_\_\_\_\_  \_\_\_\_\_  
CO-OWNER WORK CO-OWNER CELL

EMAIL: \_\_\_\_\_  
OWNER CO-OWNER

WOULD YOU PREFER DISCHARGES VIA  MAIL  EMAIL

## PATIENT INFORMATION

PET NAME: \_\_\_\_\_  CANINE  FELINE BREED: \_\_\_\_\_

COLOR: \_\_\_\_\_  MALE /  NEUTERED  FEMALE /  SPAYED AGE / BIRTHDATE \_\_\_\_\_

NAME OF REGULAR VETERINARIAN: \_\_\_\_\_

NAME OF REFERRING HOSPITAL / CLINIC (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

*By signing this form today, I agree that I am the owner or agent for the owner, of the pet I am presenting for evaluation today and have the authority to sign, comply, and consent to the procedures described to me as well as provide timely payment for services.*

*All professional fees are due at the time services are rendered, with a 50% deposit required to begin diagnostics and/or treatment. The balance is due at the time the patient is discharged from the hospital. We accept cash, all major credit cards, checks (with proper ID) and CareCredit. There will be a service charge for any check returned unpaid. We are unable to extend credit or to bill you later. We urge you to discuss all fees with the doctor before the services are performed. Estimates for cost of care are available upon request.*

*I have read and understand this authorization and consent. I, the undersigned, have read and agree to the above financial policy; and I understand my financial obligation. Further, I agree to pay all reasonable attorney fees and all costs and expenses which may be incurred by a collection agency in the enforcement of this agreement. The initial fee for a client to be transferred to the collection agency is \$25.*

*Information and/or photos may be used in teaching, continuing education, web site, veterinary literature, promotional materials, and the like. I authorize the release of case/patient information for such purposes; pet owner confidentiality will be maintained.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### HOSPITAL USE ONLY

EMP INITIALS: \_\_\_\_\_  DL  LINKED  RADS  RDVM  REF