

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

OWNER PHONE NUMBER: _____
PREFERRED SECONDARY

CO-OWNER PHONE NUMBER: _____
PREFERRED SECONDARY

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