

Richland Animal Clinic Consent for Treatment

Technician: _____

Owner's Name: _____ Patient's Name: _____

Treatment needed today or symptoms of concern: _____

Current Medications and dose your pet is taking (including heartworm and flea/tick preventions): _____

Diet/ Special Food: _____

1. Can Richland Animal Clinic use your pet(s) photo on social media? **YES NO**

Hospital Policy and Owner Responsibility

_____ ***Vaccine Status:** All patients staying with us in the clinic must be up to date on **all** vaccines. I understand that any vaccines needed will be performed at the veterinarian's discretion.

_____ ***Parasites:** All patients staying with us in the clinic will receive a **Capstar** pill and must have a **negative intestinal parasite screening within the last six months**. I understand that an intestinal parasite screen will be performed if needed.

We want to ensure our clinic, your pet, and your home is flea and parasite free!

Should emergency care be required, such as CPR, the Veterinarian(s) and/or staff:

_____ Have my permission to perform necessary procedures or treatment.

_____ Do Not have my permission to perform necessary procedures or treatment.

All reasonable precautions will be used against injury, escape, or death of my pet, but you will not be held liable or responsible in connection therewith, as I assume all risks. I, being responsible for the above animal, have the authority to grant my consent to receive, prescribe for, treat and/or operate upon my pet. I understand that I assume financial responsibility for all services and the balance is due in full at the time of service.

I understand if I do not make contact with Richland Animal Clinic within ten days of the day my pet is scheduled to be picked up, the animal will be considered abandoned, and may be disposed of as the doctor sees fit. This does not relieve me from paying all costs of all services for the duration of the pets stay at Richland Animal Clinic, including boarding.

Terms: BALANCE IS DUE IN FULL AT THE TIME OF SERVICE

As the owner, or authorized agent of the pet listed above, I hereby give my consent to the veterinarian(s) and/or trained veterinary personnel at Richland Animal Clinic to perform the necessary testing and/or procedures as discussed. My signature on this form indicates that any questions I have regarding the procedure, recovery, or potential complications have been answered to my satisfaction.

I have carefully read and agree to all of the above:

Signature: _____ Contact Numbers: _____ Date: _____