

CONSENT FOR TREATMENT

(Please Print)

Animal Clinic of West Plains, Inc.
1101 State Route 17, West Plains, MO 65775

Client Name: _____ Patient Name: _____

Phone number(s) where you can be reached **TODAY:** _____

Consent for Procedure: I am the owner or agent for the above named animal and have the authority to execute this consent. I hereby consent and authorize the following as needed for the veterinarian to diagnose and treat the above named animal:

Examination/Wellness	Medication/Prescriptions
Treatment	Radiographs
Tranquilization/Sedation	Ultrasound
Anesthesia	Vaccinations
Blood Work	All of the Above
Laboratory Testing/Analysis	Other: _____

Would you like an estimate for today's services? Yes No Estimated Cost: _____

While your pet is here, would you like any additional services performed?

Deworming	AVID Microchip Implantation
Heartworm Test/Tick Panel (K9 Only)	Nail Trim
Leukemia and FIV Test (Feline Only)	Bath or Full Grooming
*Flea and Tick Treatment with Frontline Plus (Lasts One Month)	

****Please note: For the welfare of your animal and others in the Clinic, if your animal is infested with fleas and/or ticks, it will immediately be treated at your expense.***

In signing below, I am indicating that I understand fully the risks involved in performance of the above described operation(s) and/or procedure(s) in detail. I understand that no guarantee or warranty of successful therapeutic or diagnostic outcome is made.

I further understand that **payment is due in full** when the patient is released from the Clinic, unless other arrangements have been made PRIOR to admission to the Clinic and PRIOR to treatment of the above described animal. Payment is accepted by cash, check, or credit card.

Signature of Owner/Agent

Date

We are not responsible for any acts of God that may occur while your pet is staying with us.