

MEDICAL CONSENT AND LIABILITY RELEASE FORM

Owner's Name: _____

Address: _____

Phone: _____ (Day) _____ (Evening)

Animal Name: _____ Sex: _____ Birthdate: _____

Breed: _____ Color: _____

I certify that I own the above described animal and I do hereby expressly consent to and authorize Villa Park Animal Clinic and its staff to hospitalize my pet and to administer vaccinations, medications, tests, surgical procedures, anesthetics and treatments that the Doctors deem necessary for the health, safety and well-being of my pet while it is under their care and supervision.

My pet has been brought in for the following: _____

and I have been fully informed of the foreseeable risks involved. Having a full understanding of those risks, I expressly authorize such treatment and release Villa Park Animal Clinic, its Doctors and staff from any and all liability and claims except those arising from gross negligence.

Pre-Anesthetic Blood Testing Consent Form

Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will perform a brief examination. However, many conditions, including disorders of the liver, kidneys or blood, are not detected unless blood testing is performed. Such tests are especially important before any kind of surgery.

For these reasons we highly recommend blood screening before such procedures.

Our laboratory is fully equipped and staffed to perform these important blood tests. Results will be immediately available to examine before anesthesia and, or surgery.

Please indicate your choice below:

YES, I want my pet to have a pre-anesthesia blood screen.

Post op/procedure pain medication

NO, I do not want my pet to have a pre-anesthesia blood screen.

OK Decline

The Doctor has further recommended the following: _____

which I understand are in the best interest of my pet's health.

OUR VACCINATION POLICY: To insure the protection of all pets under our care, the following vaccinations must be current.

DOGS: DHLP

BORDETELLA

CATS: FVRCP

PARVOVIRUS

CORONAVIRUS

RABIES

RABIES

I give my permission for the veterinary clinic to update my pet's vaccinations in accordance with the above policy.

I further acknowledge that I am totally responsible for payment for the above described treatment in full at the time the animal is discharged. If I neglect to pick up the animal within five (5) days of written notice that it is available for release, it may be considered abandonment of my pet. You are then authorized to dispose of the animal as you deem appropriate. Abandonment does not release me from my obligation for payment of all services rendered.

I further agree that a finance charge of 1 1/2% per month (18% per annum) will be added to any outstanding balance and that in the event of nonpayment, I will pay all collection fees and attorney fees.

Dated: _____

Signature of Pet Owner/Agent