



TREATMENT CONSENT

CLIENT INFORMATION

Owner(s) Name: _____		Pet's Name _____
Reason for Visit:		
<input type="checkbox"/> Rabies 3yr (canine)	<input type="checkbox"/> FVRCP	<input type="checkbox"/> Preventive Care Exam
<input type="checkbox"/> Rabies 1yr (Feline)	<input type="checkbox"/> FELV/FIV test	<input type="checkbox"/> Express Glands
<input type="checkbox"/> DHPP	<input type="checkbox"/> FELV (Feline Leukemia virus)	<input type="checkbox"/> Clean Ears
<input type="checkbox"/> Leptospirosis	<input type="checkbox"/> Fecal test (Intestinal Parasite)	<input type="checkbox"/> Nail Trim
<input type="checkbox"/> Bordetella	<input type="checkbox"/> Senior Preventive Care Profile	<input type="checkbox"/> Bath
<input type="checkbox"/> Influenza (Canine)		
<input type="checkbox"/> Heartworm Test _____	Date Last Prevention Administered _____	
Prescriptions Needed:		

I am the owner, or agent for the owner, of the above animal and have the authority to execute this consent. I hereby consent and authorize the performance of the above named procedure(s) or surgery(s). I also authorize the use of appropriate anesthetics, and other medications as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s) or surgery(s) and the risks involved. I realize that the results cannot be guaranteed.

I authorize and direct the veterinarians and/or their assistants to provide additional services for the patient as they may deem reasonable and necessary, including but not limited to, the administration of anesthesia, the performance of a surgery or procedure different from those set forth, above, or the performance of services involving pathology, radiology, lab and/or other diagnostic testing. I have read and understand this consent.

_____ Owner or Responsible Party Signature	_____ Date	_____ SJVH Initials
Phone number(s) where I can be reached TODAY.		