



**TREATMENT CONSENT**

**CLIENT INFORMATION**

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