

TREATMENT CONSENT FORM

Date: _____

Pet(s) must be current on vaccinations. If pet is healthy enough, they will be updated at the owner's expense.

If pet is overly anxious, we will administer safe, antianxiety medicines or supplements to help your pet have the least stressful experience.

Procedure: _____

I consent for the following vaccinations to be given:

Vaccinations: ___ Rabies ___ DHLP Parvo ___ Bordetella ___ FVRCP ___ Feline Leukemia

Client name: _____

Name: _____

Client Daytime Contact Number(s): _____

Emergency Contact Person: _____ Emergency Phone: (____) _____

ADDITIONAL OPTIONAL SERVICES (additional charges will be applied)

___ Canine Heartworm Test

___ Feline Leukemia and FIV Test

___ Nail Trim

___ Fecal exam for parasites

___ Express Anal Glands

___ Home Again Microchip for Identification

___ Flea and tick bath

AUTHORIZATION FOR TREATMENT

I hereby authorize FAC to perform such diagnostic, therapeutic and preventative care procedures as described above. No warranty or guarantee has been given to me as to the results or cure afforded by these treatments or procedures. I understand that I assume financial responsibility for all services rendered and agree to pay all charges (including boarding costs) upon release of pet from the clinic.

___ I have read and fully understand this treatment consent form.

In the event of an emergency situation, I authorize FAC to do whatever you deem necessary to treat my pet. ___YES ___NO

Client Signature (or responsible party)

Print Name

Date
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