

Consent for Treatment



Pet:

Client:

Date:

I am the owner of, the authorized agent for the owner, or the Good Samaritan responsible for seeking veterinary care for this pet. My signature below certifies that I am over eighteen years of age and will assume financial responsibility for the veterinary services provided.

I consent to the examination of this pet by staff veterinarians at Gooding Veterinary Clinic. I also agree that after consultation with me, Gooding Vet's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize, and/or perform surgery on my pet. I have been informed that there are certain risks and complications associated with sedation, anesthesia, and/or any operation/procedure and that the risks/complications have been explained to me. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures deemed necessary by the veterinarian. I am encouraged to discuss any concerns I have about these risks with the attending veterinarian before the procedure is initiated.

I understand that an estimate of the fees for veterinary services will be provided to me *upon request* and that I am encouraged to discuss all fees related to such care before services are rendered and during my pet's ongoing medical treatment.

If my pet is hospitalized, I agree to pay a partial deposit of the estimated fees. I agree to assume financial responsibility for the remaining fees and will provide payment via cash, credit card, or check at the time my pet is discharged from the clinic. I understand that veterinary care outside of business hours is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours.

I have read and understand this authorization and hereby accept and agree to the terms of the consent for treatment.

Media Release: I grant permission to Gooding Veterinary Clinic and its employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me and/or my pet(s) for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release Gooding Veterinary Clinic and its legal representatives for all claims and liability relating to said images or video. I waive my right to any compensation.

Signature: _____

Best phone number to reach you at today: _____