

Mountainstone Veterinary Hospital, PC



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www.mountainstonevet.com

FORM MUST BE COMPLETED EACH TIME YOU DROP OFF YOUR PET

CONSENT FOR TREATMENT/ADMISSION

Date _____ Owner _____

Phone number _____ Cell Phone _____

Patient _____ Species _____

Breed _____ Sex _____ Age _____ Color _____

REASON FOR TODAY'S VISIT

1. _____
2. _____
3. _____
4. _____

_____ **I DO** authorize lab, x-rays or other diagnostic treatments per doctor's discretion

_____ **I DO NOT** authorize lab, x-rays or other diagnostic treatments per doctor's discretion

_____ **I DO** authorize sedation for treatment if necessary

PLEASE LIST ANY PROBLEMS YOUR PET IS HAVING

As the owner of the above pet, I accept that there are inherent risks involved in the care requested. I hereby authorize the doctors and staff at this practice to prescribe medications for, perform treatments on, pursue life-saving emergency procedures for, and as agreed upon, sedate or anesthetize and perform surgery or other procedures on my pet.

I agree to pay all charges associated with these treatments according to the policies set forth by the practice.

I accept that full payment for services and products is expected at the time my pet is ready to be discharged from this facility.

I agree to pick up my pet or have an authorized agent when the doctor or staff notified me that it is ready for discharge. If I cannot or do not fulfill the agreements set forth in this consent form, I accept that ownership of my pet will transfer to this veterinary practice per Tennessee State Law Code #62-12-134.

Signature of Owner or Agent

Date