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Standard Consent Form

Client ID:
Client Name:
Address:
Breed:
Telephone:
Markings:

Patient ID:
Name:
Species:
Sex:
Color:
Birth Date:

I hereby certify that I am the owner of the above-named animal or am responsible for it and have the authority to execute this consent.

I hereby authorize the performance of the following procedure(s):

1) Capstar will be given if the patient(s) has signs of flea infestation at the owners expense.

DOGS-2) I DO ____ DO NOT ____ wish to have a HEARTWORM CHECK OCCULT (recommended for dogs over 6 months of age and not currently on a preventative.) Please Initial above. Cost \$36.00

CATS- 3) I DO ____ DO NOT ____ wish to have a FELINE LEUKEMIA & FELINE AIDS TEST & HEARTWORM CHECK OCCULT (recommended for all cats/kittens who have never been tested/outdoor cats that could be carrying either virus.) Please Initial Above Cost \$67.15

I hereby also authorize the use of such anesthetics as you deem advisable and performance of such surgical or therapeutic procedures as you determine to be indicated.

I agree to indemnify and hold harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

(Signature of legal owner or responsible person)

AT WHAT NUMBER CAN YOU BE CONTACTED TODAY? _____