

Treatment Consent Form for Springtown Veterinary Hospital

Owner: _____ Pet's Name _____ Date _____

For your pet's protection, all vaccines **MUST** be current within the past 12 months. This includes Rabies, Distemper, and Bordetella (for canines). Your pet must be free of internal and external parasites. If not, treatment will be performed at your expense.

My pet is being seen for _____

Appetite: Normal Abnormal: _____

Activity: Normal Abnormal: _____

Water Consumption: Normal Abnormal: _____

Bowel Movement: Normal Abnormal: _____

Urination: Normal Abnormal: _____

What brand of food does your pet eat:

Science Diet Iams Purina Other _____

Does your pet eat anything other than pet food? No Yes _____

Do you authorize laboratory tests if necessary? No Yes

Do you authorize x-rays if necessary? No Yes

Do you authorize sedation if necessary? No Yes

List any medication your pet is currently taking and time last given: _____

Please mark the box of any additional services you would like performed:

Nail Trim Nail Grinding (nail trim required) Anal Gland Expression Microchip

Pick up Heartworm Prevention 6 or 12 months of _____ Pick up Flea Prevention 3 or 6 months of _____

Other: _____

I accept full responsibility for the fees generated by such services, and I realize that they are due and payable at the time the animal is released from the hospital.

Owner or Agent

Any and all contact numbers

Staff ID# _____