

ANESTHESIA / SURGERY / TREATMENT CONSENT

STAFF USE ONLY Checked in by: _____ Account # _____ Date: _____

Pet Owner/Client: _____ Phone Number: _____

Address: _____ City _____ State _____ Zip _____

Email: _____

Signee/Alternate Client (if different): _____ Phone Number: _____

Address of signee: _____ City _____ State _____ Zip _____

Approved to pick up: _____ Phone Number: _____

The doctor may need to reach someone right away. List who we can contact to make immediate medical decisions:

Repeat if listed above: Name: _____ Phone Number: _____

I, the owner or agent of the animal(s) listed, authorize the Veterinarian(s) and staff at Salt Lake Spay and Neuter, to perform the procedure(s) listed. I understand that although every measure will be taken to ensure the safety of my animal(s), there is always a risk associated with anesthesia, including cardiac arrest or death. If necessary, I authorize the veterinarian and/or staff to administer emergency and/or supportive treatment, and I understand that I will be held responsible for any additional cost incurred during such treatment. _____ *Client Initials*

I understand that the veterinarian(s) DO NOT perform a full physical exam of my animal(s) prior to surgery, and I have notified the staff of any health conditions and/or health concerns. I understand the Veterinarian(s) have the right to decline service today based on the health of my animal(s). _____ *Client Initials*

I understand that all surgical operations involve risks of complications, serious injury, or death from both known and unknown causes. I understand that Salt Lake Spay and Neuter may need to refer, or that I may elect to take my animal(s) to a full service or emergency clinic. I understand that Salt Lake Spay and Neuter is not responsible or liable for the additional cost incurred during such treatment. _____ *Client Initials*

At times, we take photos of our patients for educational and uplifting purposes to be used on our social media or website.

Yes, I consent for my pet's photo/information to be used by Salt Lake Spay & Neuter _____ *Client Initials*

No, I do not consent _____ *Client Initials*

I certify that my animal's vaccinations are current. _____ *Client Initials* (NOT Required)

I understand that although every measure is taken to prevent the spread of illness, animals are at risk of contracting communicable diseases in any environment where they may encounter other animals. I understand that my animal(s) may be exposed to infectious disease carried by other animals, and that Salt Lake Spay and Neuter is not responsible or liable for any treatments if my animal(s) contracts an infectious disease. _____ *Client Initials*

I understand that payment is required in full at the time of service, and assume full financial responsibility for all charges incurred for the care and treatment of my animal(s). I understand I may be required to apply for Care Credit and/or Scratch Pay if my payment is declined. If for any reason the balance is not paid in full at the time of service, I understand that I am required to leave a copy of my Driver's License or state issued ID. Should collections become necessary, the responsible party agrees to pay the charges incurred as well as 33.3% in collections fees, all legal fees of collections, with or without suit, including attorney fees and court costs. If sent to collections, the company has the right to auto dial my cell phone when provided. We accept: Cash, Visa, Mastercard, Amex, Discover, Care Credit, and Scratch Pay. _____ *Client Initials*

I certify that I am over the age of 18 and legally competent to sign this form. I understand that this document constitutes a legally binding contract. I have completely read, understand, and voluntarily accept the terms of this agreement. _____ *Client Initials*

SIGN IN OFFICE WITH STAFF MEMBER

Signature of Owner/Authorized Agent: _____ Today's Date: _____

(Must be signed in office)

Entered by: _____

Checked by: _____