

Richland Animal Clinic  
Treatment Consent

Preferred Vet: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Treatment needed today or symptoms of concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How would you like us to proceed with treatment today?**

Please proceed with diagnostics and therapeutics for my pet based on the doctors judgment up to \$\_\_\_\_\_

I would like to be contacted prior to additional diagnostics and therapies following initial examination \_\_\_\_\_

**Current Medications** your pet is taking and dose (including heartworm and flea/tick preventions): \_\_\_\_\_  
\_\_\_\_\_

**Vaccine Status:** All patients staying with us in the clinic must be up to date on vaccines. This policy is for the protection of your pet and other patients. Any vaccines due will be administered while your pet stays with us unless previously specified for medical reasons.

**Parasites:** All patients staying with us in the clinic will receive a capstar pill that will kill any fleas for 24 hours and have a negative fecal exam to decrease exposure of your pet and other patients to fleas and intestinal parasites.

*We want to ensure our clinic, your pet, and your home is flea and parasite free!*



If your pet is not called for within the ten day period, the animal will be considered abandoned, and may be disposed of as the doctor sees fit. This does not relieve me from paying all costs of all services, including boarding.

Terms: **BALANCE DUE WHEN SERVICES ARE RENDERED!**

We do not accept partial payments or post-dated checks. If you feel you cannot pay for all services, please let us know before treatment of your pet. We offer care credit that, if approved, allows you to make monthly payments.

All reasonable precautions will be used against injury, escape, or death of my pet, but you will not be held liable or responsible in connection therewith, as I assume all risks. I, being responsible for the above animal, have the authority to grant my consent to receive, prescribe for, treat and/or operate upon my pet.

I have carefully read and agree to all of the above:

Signature: \_\_\_\_\_ Contact Numbers: \_\_\_\_\_