

Oakland Veterinary Referral Services (OVRs) - Behavior Consent Form

Owner's Name

First Name

Last Name

Date



Month Day

Year

Email *

example@example.com

Address

Street Address

Street Address Line 2

City

State

Zip Code

Pet's Name

Species

Age

Breed

Color

Primary Problem

I authorize Oakland Veterinary Referral Services, Dr. Theresa L. DePorter, Dr. Ashley Elzerman and designated associates to evaluate, diagnose, recommend treatment protocols and prescribe medication for the problems related to my pet's behavior. I agree to provide pertinent medical and historical information, including response to previous treatments. I agree to pay for services rendered. While we will discuss my pet's prognosis for treatment, I understand that successful response to treatment is not guaranteed. Behavioral problems are often very complicated and multifactorial. Often, success of treatment is determined by the owner's commitment to the behavior modification protocols and is thus outside of the control of Oakland Veterinary Referral Services. While every effort will be made to discuss and anticipate your pet's reaction to treatment recommendations, there may be unpredictable reactions or responses to treatment.

MY PET HAS SHOWN SIGNS OF AGGRESSIVE BEHAVIOR. *

Yes

No

I am seeking behavioral consultation for aggression *

Yes

No

I understand the liability for my pet's aggressive behavior rests solely with myself. Seeking and obtaining advice from any veterinarian or trainer does not transfer this liability. Furthermore, even if a pet's aggression is diminished following treatment this does not insure or imply that the aggressive behaviors will not occur again. I understand it is my responsibility to the safety of other people, especially children, and animals that my pet may come in contact with.

Signature

Date