

Standard Consent Form

Owner's Name

Prefix (Optional) First Name Last Name

Co-owner's name

Prefix (Optional) First Name Last Name

Address

Street Address

Street Address Line 2

City State

Zip Code

Employer

Co-Owner Employer

Home Phone

Enter Phone Number

Work Phone

Enter Phone Number

Cell Phone

Enter Phone Number

Co-Owner Work Phone

Enter Phone Number

Co-Owner Cell Phone

Enter Phone Number

Please check one preferred contact number

Home

Work

Cell

Co-Owner Work

Co-Owner Cell

Owner Email *

example@example.com

Co-Owner Email

example@example.com

Patient Information

Pet Name

Species

Canine

Feline

Breed

Color

Sex

Male

Female

Neutered / Spayed

Yes

No

Age / Birthdate

Name of regular veterinarian

Name of referring hospital/ clinic (if different from above)

Please read and acknowledge the following (all required): *

By signing this form today, I agree that I am the owner or agent for the owner, of the pet I am presenting for evaluation today and have the authority to sign, comply, and consent to the procedures described to me as well as provide timely payment for services.

All professional fees are due at the time services are rendered, with a deposit of the low end of the estimate required to begin diagnostics and/or treatment. The balance is due at the time the patient is discharged from the hospital. We accept cash, all major credit cards, checks (with proper ID) and CareCredit. There will be a service charge for any check returned unpaid. We are unable to extend credit or to bill you later. We urge you to discuss all fees with the doctor before the services are performed. Estimates for cost of care are available upon request.

I have read and understand this authorization and consent. I, the undersigned, have read and agree to the above financial policy; and I understand my financial obligation. Further, I agree to pay all reasonable attorney fees and all costs and expenses which may be incurred by a collection agency in the enforcement of this agreement. The initial fee for a client to be transferred to the collection agency is \$25.

Information and/or photos may be used in teaching, continuing education, web site, veterinary literature, promotional materials, and the like. I authorize the release of case/patient information for such purposes; pet owner confidentiality will be maintained.

I understand that my personal information will be provided to the Michigan Automated Prescription System (MAPS) PMPClearinghouse and PMP AWARD systems when controlled substances are prescribed and dispensed, in accordance with Michigan State Law. I understand that my information will remain protected by HIPAA and other applicable laws.

Sign here: