

Tri-County Veterinary Service
Consent for Treatment/Admission (Online Form)

Patient Name: _____

Client Name: _____

DOB: _____

Veterinary use ONLY

I consent and authorize Tri-County Veterinary Service, staff and doctors to do the following procedures:

I understand that with any medical procedure, there are risks involved and I accept these risks. I further understand that no guarantee of successful treatment has been made. I assume full financial responsibility for all charges.

Should any further test, diagnostics or treatments be necessary, Tri-County Veterinary Service is given permission to add these test and treatments to the above list.

All pets must be up to date and current on Rabies, DA2PP/DA2PLP, and FVRCP. If any of these vaccines are not up to date they will be administered during the hospitalization here at the clinic. (A capstar is given to all hospitalization patients.)

Date of last vaccines: DA2PP/DA2PLP _____ FVRCP _____

Rabies _____ Bordetella _____

Lepto _____ FELV _____

Date of last Heartworm test: _____ FELV/FIV Test _____

Is your pet indoor/outdoors or both? _____

While your pet is under our care please consider having these tests or procedures performed.

- DA2PP (\$14) DA2PLP (\$20) LEPTO (\$19) Rabies (\$16) Lyme (\$38) Influenza (\$17.70) Bordetella (\$16) FVRCP(\$15.50) FELV (\$40) Fecal Exam(\$22-30)
- Intestinal Parasite Treatment (\$11-25) Tissue Pathology (\$120) Microchip (\$58)
- Heartworm Test (\$28) FELV/FIV Test (\$40) Wellness/Diagnostic Bloodwork (\$112-125)

Has your pet ever had a seizure or any issues with Anesthesia/Sedation in the past? YES NO

Is your pet currently on any medication? YES NO If so what Medications? _____

How often are they given? _____

When was last dose given? _____

(If we are unable to reach you and discuss these additional items) (initials _____)

I understand that it is vital that the veterinarians and/or staff at Tri County are able to reach me if there are questions and or concerns regarding my pet. I will be able to be reached at the following phone number(s).

() _____ () _____

Signature of Owner or Authorized Agent

Date

Please wait to sign/date this form until your pet is dropped off