



Town & Country

VETERINARY CLINIC

1605 N. Franklin St.
Christiansburg, VA 24073

Phone-(540) 382-5042

Fax-(540) 382-6102

STANDARD CONSENT FORM

OWNER'S NAME:

NAME OF PET:

ADDRESS:

SPECIES:

BREED:

DATE:

SEX:

I am the owner or agent of the above described animal(s) and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operation(s):

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I also authorize the use of appropriate anesthesia, and other medications, and I understand that hospital surgical personnel will be employed deemed necessary by the veterinarian. I understand that risks may be involved and I realize that results cannot be guaranteed.

I hereby assume financial responsibility for all professional services rendered, anesthetics, pharmaceuticals, hospital fees and costs incurred during the said procedure(s) or operation(s), all of which I agree to pay accordingly to the Payment Provisions of Town and Country Veterinary Clinic. Furthermore, I understand that if my account is delinquent it may be turned over to a third party for collection, and I agree to pay in addition to the amount of this account, twenty-five (25) percent of the balance due for collection or attorney fees.

I agree to pick up said animal within five (5) days of notification, and understand that should the animal be left unclaimed that it will be the subject to the provisions of Section 3.1 – 796.75 of the Code of Virginia, concerning the disposition of unclaimed animals.

ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNER'S EXPENSE.

WE ARE STAFFED 24 HOURS A DAY 7 DAYS A WEEK.

I have read and understand the above authorization and consent.

I ALSO UNDERSTAND PAYMENT IS DUE AT THE TIME OF SERVICE.

SIGNATURE OF RESPONSIBLE PARTY

EMERGENCY CONTACT/PHONE NUMBER: _____