

TLC VETERINARY HOSPITAL

DR. TRACI FREEMAN, DR. LYNNE LEONARD, DR. RANDY CRAIG

Authorization to treat: _____

Procedure Required: _____

I understand the terms of this agreement and authorize the staff of TLC Veterinary Hospital to perform the above services on my pet. I also understand if I do not pay this account as agreed, any past due accounts are subject to collection as well as attorney's fees and any other associated costs including interest on the outstanding balance at 20%.

CIRCLE EITHER ACCEPT OR DECLINE FOR EACH OF THE FOLLOWING:

I understand pre-surgical blood work enables the veterinarian to assess my pet's liver and kidney values to determine if it is safe for my pet to undergo anesthesia.

I ACCEPT/DECLINE the pre-surgical blood work for an additional \$65.

I understand a clotting panel will only be done in an emergency if my pet has an issue with bleeding.

I ACCEPT/DECLINE the clotting panel for an additional \$65.

I understand an E-Collar may be required to be sent home with my pet to prevent trauma to incisions.

I ACCEPT/DECLINE the E-collar for an additional \$18-25 (depending on the size necessary).

I ACCEPT/DECLINE pulling any teeth, if needed, during dental procedures.

I ACCEPT/DECLINE having my pet microchipped for \$50 (additional fee due when registering with the microchip company).

I ACCEPT/DECLINE having my pet a therapeutic laser treatment to help with healing for an additional \$15.

I ACCEPT/DECLINE resuscitation efforts to be performed on my pet in case of medical emergency and will be responsible for any and all charges occurred as a result.

_____ **I understand that I will be charged for a flea treatment if fleas are found on my pet.**

I am the owner/authorized agent of the pet presented for care. I shall respect and maintain the confidentiality of all discussions, patient care records, and any information generated in connection with individual care. I will not post or share information or photos about patients, discussions or activities at TLC Veterinary Hospital (including but not limited to: doctors, employees, and facility) online in any form including emails, websites, message boards, blogs, or social networking websites.

SIGNATURE: _____ **DATE:** _____

Emergency contact numbers: _____