

CATOCTIN VETERINARY CLINIC
LEESBURG, VIRGINIA

I. AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT

I authorize and direct the Veterinarian(s) of the CATOCTIN VETERINARY CLINIC such diagnostic and treatment procedures as deemed advisable or necessary for my pet.

The nature of the procedure(s) has (have) been explained to me and NO GUARANTEE has been made as to the results of the cure. I fully understand that there may be risk to such procedures.

II. PREOPERATIVE SCREENING

Preoperative screens to detect anemia, kidney, and liver dysfunction can be performed to greatly reduce the chance of anesthesia risk to the patient. The surgery staff of CATOCTIN VETERINARY CLINIC strongly recommends the pre-op screening to be performed.

I DO AUTHORIZE CATOCTIN VETERINARY CLINIC TO PERFORM A PREANESTHETIC SCREEN AT AN ADDITIONAL COST OF \$95.00.

I DO NOT AUTHORIZE CATOCTIN VETERINARY CLINIC TO PERFORM A PREANESTHETIC SCREEN.

III. LASER SURGERY

Advances in Veterinary Medicine and Laser Surgery now make laser use in our surgical procedures available to our clients.

YES, I want my pet to have LASER Surgery at an additional cost of \$91.00.

IV. MICROCHIP

While under anesthesia please inject Microchip for \$75.00.

E-Mail Address _____

V. PAYMENT FOR SERVICES

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. Any estimate of charges or fees for presently planned procedures is only a best approximation, and the final bill may be less or greater than this amount.

By typing my name in the "Signature Box," I have agreed to submit this form by electronic means and certify that my answers are correct and complete to the best of my knowledge, including information provided about myself and my pet(s). I also certify that, (1) I understand the questions and statements on this form, and (2) I have read and understand any and all costs involved.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

SIGNATURE OF PET OWNER OR RESPONSIBLE AGENT: _____
(Signature required on all pages)

DATE: _____

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DISCLOSURE

CATOCTIN VETERINARY CLINIC has business and medical staffing hours as follows:

MONDAY thru THURSDAY	7:30 a.m. to 7:30 p.m.
FRIDAY	7:30 a.m. to 6:00 p.m.
SATURDAY	8:30 a.m. to 2:00 p.m.

Therefore, this is to inform you, that we have **no in-house, on-duty continuous medical staff care**: **overnight from closing time to opening time at 7:30 a.m., weekends from closing time on Saturday to opening time on Monday at 7:30 a.m., holidays from closing time before the holiday to opening time the day after the holiday.**

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SIGNATURE OF PET OWNER OR RESPONSIBLE AGENT: _____

(Signature required on all pages)

DATE: _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL:** _____