



VETERINARY
CANCER & SURGERY
SPECIALISTS

Client Information

Primary Owner: _____ Primary Owner Phone: _____
Secondary Owner: _____ Secondary Owner Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____

Pet Information

Name: _____ Species: Dog Cat Birthday: _____
Breed: _____ Color: _____ Sex: _____ Spayed/Neutered?: Yes No

Referring Veterinarian Information

Primary Vet Clinic: _____ Veterinarian's Name: _____
Specialty Hospital: _____ Specialist's Name: _____
Additional Clinics Recently Visited: _____

Media Consent: I consent to the use of photos of my pet in promotional materials or educational materials (ex: Facebook, website, CE presentations). **Yes No**

Medical Consent: I consent to the provision of medical services for my animal at Veterinary Cancer & Surgery Specialists. The preliminary diagnostics and therapeutic plans will be discussed with me along with the attendant risks and costs. I understand that no guarantee is made as to result or cure. I agree to be available by phone at all times during the hospitalization of my pet for consultation with the veterinarian of my pet. I understand that the staff will keep me informed of and receive my consent for recommended additional diagnostics and therapeutics along with concomitant costs. In the event that I cannot be reached, I authorize the doctors and staff to perform any procedures necessary for the well-being of my pet.

Financial Consent: I understand payment is due at time of service. I am financially able to meet any commitments made. In the event of a check returned due to insufficient funds or stop payment, a \$25.00 fee will be added to my account. A service charge of 1.5% and a \$5.00 billing charge is applied per month to all balances over 30 days old. Should it become necessary to bring collection proceedings against me, I agree to pay not only the past due balance, but also any reasonable and customary expenses incurred in the collection process, including but not limited to, collection agency fees, attorney fees as awarded by the court and court costs.

I understand the doctor will prepare an estimate after examining my pet and further understand that the estimate is based upon the initial examination of my pet. The estimate may change as further diagnostic and therapeutic procedures dictate. The estimate range is intentionally broad to anticipate unforeseen changes in medical condition. I understand that this is an estimate and that final charges are based upon procedures performed.

Financial Certification: I certify that the information given by me is correct and I have read and consent to the terms of the medical and financial agreements. I am the owner of the pet or I am authorized as the agent or representative of the pet to execute the above and accept it's terms on behalf of the owner of the pet or assume individually all financial responsibility by signing below.

I certify that I am legally authorized to give medical and financial consent.

Signature: _____ **Date:** _____
Signature of pet owner or authorized agent or representative