

Baxter Creek Veterinary Clinic

Treatment Consent Form

Date:

Owner:

Patient:

Reason for today's visit or symptoms of concern:

Current medications your pet is taking:

How would you like us to proceed with treatment today?

Please proceed with diagnostics and therapeutics for my pet based on the doctor's recommendation.

I would like to be contacted with an estimate prior to diagnostics or therapies following the initial exam.

Phone numbers where you can be reached today:

Signature: _____

Payment for all procedures is due at the time of your pet's discharge. _____
Initials