



1626 Stuart Rd

Cleveland, TN

Phone: 423) 559-9911

Fax: 423)559-9202

www.mountainstonevet.com

****THIS FORM MUST BE COMPLETED EVERY TIME YOU DROP OFF YOUR PET****

CONSENT FOR TREATMENT/ADMISSION

Owner Name: _____ Date: _____

Best Phone Number for us to reach you TODAY: _____

Patient Name: _____ Breed: _____

(Circle) Canine or Feline Sex: _____ Age: _____ Color: _____

PLEASE LIST THE REASON FOR TODAY'S VISIT AND ANY PROBLEMS YOUR PET IS HAVING:

_____ **I DO** authorize labs, x-rays or other diagnostic treatments per doctor's discretion

_____ **I DO** authorize sedation for treatment if necessary

_____ **I DO NOT** authorize labs, x-rays or other diagnostic treatments per doctor's discretion

As the owner of the above pet, I accept that there are inherent risks involved in the care requested. I hereby authorize the doctors and staff at this practice to prescribe medications for, perform treatments on, pursue life-saving emergency procedures for, and as agreed upon, sedate or anesthetize and perform surgery or other procedures on I my pet.

I agree to pay all charges associated with these treatments according to the policies set forth by the practice

I accept that full payment for services and products is expected at the time my pet is ready to be discharged from this facility.

I agree to pick up my pet or have an authorized agent when the doctor or staff notified me that it is ready for discharge. If I cannot or do not fulfill the agreements set forth in this consent form, I accept that ownership of my pet will transfer to this veterinary practice per Tennessee State Law Code #62-12-134.

Signature of owner/agent _____

Date _____