

ANIMAL MOBILE MEDICAL SERVICES
INFORMED CONSENT AND RELEASE FORM

THIS IS A LEGALLY BINDING DOCUMENT – READ BEFORE SIGNING

I hereby consent and authorize ANIMAL MOBILE MEDICAL SERVICES, PC to receive, prescribe for, treat, or perform the following procedures:

Upon my pet(s) _____

By signing below I hereby agree that the procedures to be performed have been fully explained to my satisfaction and I understand that no promises have been made as to the outcome of the procedure.

I UNDERSTAND THAT PAYMENT IN FULL IS REQUIRED WHEN MY PET IS DISCHARGED FROM THE CLINIC

I agree that the doctors and staff of Animal Mobile Medical Services, PC are to use all reasonable precautions against injury, escape, or destruction of animal(s), but I agree to not hold them liable or responsible in any manner what so ever, on the account of care, treatment, or safe keeping of the animal(s) described above, as it is thoroughly understood that I assume all risks.

I understand that Animal Mobile Medical Services, PC is not responsible should my pet damage or remove the surgical sutures, or incur any other complication(s) due to owner negligence or self incurred injuries.

I understand that there will be additional charges should my pet be in heat, pregnant, exhibit aggressive behavior, are cryptorchid (a retained testicle in males), for dentals: need tooth extractions, and/or antibiotics. These charges are to be determined in the professional opinion of the doctor.

I understand that if my pet arrives at the clinic with external parasites (**fleas, ticks, ear mites**) Animal Mobile Medical Services will treat my pet for said parasites at owners expense.

In the case of abandonment, written notice will be sent to remove the animal(s). Five days after such written notice the animal(s) will be considered abandoned and may be disposed of, or destroyed as deemed best and it is understood that doing so does not relieve me from paying all costs of services rendered, including the cost of keeping and disposing of said animal(s).

WE OFFER HOMEAGAIN MICROCHIP IMPLANTATION. MORE PETS RETURN HOME WHEN MICROCHIPPED. ANIMAL SHELTERS, ANIMAL RESCUES AND OTHER PET RESCUE GROUPS SCAN FOR A MICROCHIP TO ID LOST PETS. PROTECT YOU PET—ENABLE HIM OR HER TO BE IDENTIFIED AND RETURNED HOME SAFELY.

___ YES, I WOULD LIKE MY PET TO HAVE A HOMEAGAIN MICROCHIP IMPLANTED FOR A FEE OF \$55.00.

___ NO, I DO NOT WANT THE HOMEAGAIN MICROCHIP IMPLANTED IN MY PET.

POST-SURGICAL PAIN CONTROL OPTIONS

Several options for post-surgical pain control are available

_____ I would like my pet to have an injection of pain control after surgery, as well as 5 days of pain control in tablet form for an additional fee of \$35.

_____ I would like my pet to only have an injection of pain control after surgery for an additional fee of \$22.

_____ I do not want my pet to have post surgical pain control.