



cvc@gilletteveterinarian.com

Feline Consent Form

(307) 682-3800

~Thank you for choosing CVC – please let us know if you have any questions about this form~

Phone number where you can be reached today:

Owner's Name:
email:
Mailing Address: Zip:
Home Phone:
Cell:
Pet's Name: Gender: S/N Age : W / M / Y
Breed: Color: Weight:
Last time pet ate: am / pm

More space for multiple animals on back of form.

Table with 3 columns: SURGERY, VACCINATION, PREVENTATIVE. Includes options like Female Spay, Male Neuter, Rabies Vaccination, and Microchip with associated costs.

To better identify spayed females green ink will be applied to the incision.

"We want to make your pet Facebook famous!

Do we have permission to share your pet's photo and story on social media, our website and other marketing materials?" Yes No

I, _____, being responsible for the above described animal, have the authority to grant you my consent to perform the selected procedures upon my pet.

After having carefully read the above,

I signed in agreement:

Owner or Responsible Party _____ Date: _____

FOR OFFICE USE ONLY:

Initial Consultation \$35.00 Recheck Consultation \$10.00 Referral Fee: \$21.00

Table with 3 columns: *INJURY, *MEDICAL, *EARS. Lists various medical services and their costs.

* Take home medication not included in the price.

Other: _____

Total: _____ V / MC / D / CC / Cash

Client account # _____ Charges [] Notes [] Call [] Initials: _____

