



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 items like Female Spay, Male Neuter, Cryptorchid, Ear punch, Yearly Distemper Vaccination, Yearly Leukemia Vaccination, Rabies Vaccination, Dispense de-wormer, Kitten de-wormer, and Microchip.

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. You are to use all responsible precautions against injury, escape, or death of my pet, but you will not be responsible or liable in any manner in connection therewith as it is thoroughly understood that I assume all risks. I will be responsible for all fees and service charges including legal fees associated with the treatment of my pet.

After having carefully read the above,

I signed in agreement:

Owner or Responsible Party _____ Date: _____

FOR OFFICE USE ONLY:

Initial Consultation \$38.50 Recheck Consultation \$11.00 Referral Fee: \$23.25

Table with 3 columns: *INJURY, *MEDICAL, *EARS. Includes items like Mild \$44.00, Severe \$104.75, Mild \$44.00, Severe \$143.00, and \$33.00.

*Take home medication not included in the price. **Biohazard Fee of \$3.00 added to each invoice

Other: _____

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

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

