

JoyLoy Veterinary Clinic

Carol Joyce-Lloyd, D.V.M.

CONSENT FOR ADMISSION AND TREATMENT

I, _____ the owner or authorized agent of the pet identified herein, consent to the Examination of this pet after consultation with me to prescribe, treat, hospitalize, anesthetize, or perform surgery on my pet. I understand that there always exist risks with the anesthesia and surgery; I am encouraged to discuss any concerns I have about those risks with Dr. Lloyd before the procedure is initiated. Should some unexpected life-saving emergency care be required, Dr. Lloyd and her staff have permission to provide such treatment, and I agree to pay for such care.

Pet's Name _____ Color _____
Sex _____ Age _____ Breed _____

I understand that an estimate of the cost for the services of Dr. Lloyd will be provided to me and that I am encouraged to discuss any and all fees attendant to such care before services are rendered and during my pet's admission. I agree to assume financial responsibility for the balance of all services provided on a cash, check, credit card or money order basis at the time my pet is discharged. In the event of an open balance, I agree to pay a monthly billing and financing fee equal to 10% every month of the unpaid balance. These fees are subject to change.

I would like my animal, having surgery to prevent reproduction to be tattooed to show it has had such a surgery. This tattoo does not cost me any additional fee, by initialing this clause I am consenting to this tattoo. _____ (Initials)

I would like my animal micro chipped and I understand that there is an additional fee associated with this service. Initialing this clause is consent to perform this service.

_____ (Initials) *A microchip may be required by law in the location you live, it is less expensive to do during a _____ surgery.*

Signature of owner or owners agent

Date

Dr. Carol Joyce-Lloyd

Owner's name: _____ Referred by: _____

Cell phone: _____ Home Phone: _____

Text message: yes or no Email: _____

Address: _____ City: _____ Zip: _____

Animal's name: _____ Species/Breed: _____ Sex: _____

Color/Markings: _____ Birth date: _____ Age: _____

Alternate Contact: _____ Phone#: _____

Rabies			DRCP			FELV		
DHLP			Parvo			HW Test		

Microchip#: _____

[illegible]