

Clinic Rules & Client Responsibilities

Please read carefully

1. Clients are asked to make appointments and keep them. If you are unable to keep your scheduled appointment, please call 24 hours in advance to reschedule for a different day.
2. For the comfort and safety of our patients and their owners we ask that all pets be leashed or in carriers while here at the clinic.
3. All patients must be current on vaccinations and be free of internal and external parasites before being admitted into the clinic. Those pets that are not, will be vaccinated, bathed, dipped and dewormed at an additional charge to the client.

4. CLIENTS ARE ASKED TO PAY THEIR BILLS IN FULL AT THE TIME SERVICES ARE RENDERED!

5. A deposit of 50% of estimated surgical bills must be made before patients are admitted. There is a service charge of \$45 for all returned checks.

I understand that during the performance of this procedure unforeseen conditions may be revealed that may require an extension or a different procedure than those planned. Therefore, I hereby consent to and authorize the performance of such procedures as are necessary and desirable in the exercise of the attending veterinarian's professional judgment.

I have given permission to CCAH to use all reasonable precautions against injury, escape or death of my pet. I also authorize the use of appropriate anesthetics, and other medications, and understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I understand that all anesthetics involve some risk to my pet, including possible anaphylactic shock, and will not hold CCAH liable or responsible in any manner or under any circumstances.

I further give CCAH permission to request my pet's medical records from any other veterinarian or clinic. I have read, understand and agree to all of the above conditions.

I understand that payment must be made in full before a patient can be discharged from the hospital. I also understand that prices quoted before procedures are performed, are just estimates and may differ from the final charges due to unforeseen circumstances.

Photo/Health Information CONSENT FORM

I, _____, grant permission to Crooked Creek Animal Hospital for the use of the photograph(s), electronic media images, and health or surgical information of my pet(s) in any presentation of any and all kind whatsoever. I understand that I may revoke this authorization at any time by notifying Crooked Creek Animal Hospital in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be kept as long as they are relevant and after that time archived or destroyed.

Signature: _____ **Date:** _____