



Consent to Animal Healthcare

We are here to ensure that your pet is provided with a high standard of healthcare. We provide a range of diagnostic and therapeutic options to ensure his/her/their optimal well being. Please ask if there is anything presented that is not clear to you.

Surname: _____ Title : Mr / Mrs / Ms / Dr Name: _____

Physical address : _____

Postal Address: _____ Post Code: _____

Phone : (H) _____ (Mob.) : _____

(w) _____ E-mail _____ @ _____

Please circle preferred means of correspondence: Postal / E-mail

How did you hear about us? _____

Current Vet Clinic _____ **Current Vets Name** _____

Current Vet Clinic Tel: _____ **Fax or e-mail:** _____

Animal/s Name	Species	Breed	Male/Female	De-sexed ?	Age

I, being the owner / authorized agent of the owner (delete one) of the above animal/s consent to diagnostic and therapeutic procedures to be performed on my animal/s by Holistic Veterinary Services.

I understand and accept that :

- All options will be thoroughly discussed and explained to me to my satisfaction. If something is not clear, I will ask for further clarification.
- I may elect the options that would be most suitable within the health and welfare needs of my pet.
- The monitoring of my pet's health during treatment is of vital importance and I accept the responsibility of ensuring follow up consultation should my pet's condition not improve or further deteriorate.
- Accounts are payable at the time of treatment. Outstanding accounts are subject to an interest charge of 18% per annum and I am liable for any cost incurred in the collection of overdue accounts.

If presented by an agent:

I warrant that I am authorized to act on behalf of the owner as agent in respect of the above animal.

I have completely and fully read this document and agree to its terms.

Signature :

Date : ___ / ___ / 200__