



**HANNIBAL
VETERINARY
CLINIC**

Date: ____ / ____ / ____

Treatment Consent Form

Patient's Name: _____ Client's Name: _____

Reason for visit: _____

Authorizations:

Authorization for Bloodwork if needed: Yes No Call Before

Authorization for X-Rays if needed: Yes No Call Before

Authorization for Ear Cytology if needed: Yes No Call Before

Authorization for Urinalysis if needed: Yes No Call Before

Authorization for Ultrasound/Echo if needed: Yes No Call Before

Authorization for Medication(s) if needed: Yes No Call Before

Authorization for Sedation if needed: Yes No Call Before

Statement of Ownership and Consent: I am the owner and/or agent of the above animal and I authorize Hannibal Veterinary Clinic Staff to provide care and perform any treatment indicated above. I understand that I will be responsible for all charges incurred. I understand that all veterinary services are to be paid for at the time of service provided. All unpaid checks and delinquent accounts will be transferred to a collection agency.

Owner/Client Signature: _____

Phone number where I can be reached today: _____ (Call / Text)

Alternative Phone Number: _____

Please See Attached for Estimate of Today's Services

For Staff Only - Additional Notes:

