

### General Consent

Client Information: Name: (First, Last) \_\_\_\_\_

Rescue Organization: (if applicable) \_\_\_\_\_

Please complete below if you are a new client:

Address: \_\_\_\_\_  
(Street) (Apt) (City,State) (Zip) (County)

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Patient Information: Pet's Name: \_\_\_\_\_

Allergies/Drug/Vaccine Reactions: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Major Medical/Surgical History: \_\_\_\_\_

Please complete below if this is your pet's first visit:

Sex:  Male  Female Spayed/Neutered?  Yes  No Species:  Feline  Canine  Rabbit

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

I, acting as owner of the animal named above (herein "Animal"), hereby request and authorize Anicira Veterinary Center, its employees, independent contractors, and agents (individually or collectively "Anicira"), to perform veterinary procedure(s) on my Animal, whether requested today or henceforth, which procedures may involve surgery for sexual sterilization or surgery of another type on my Animal.

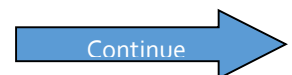
**By signing below, I specifically acknowledge that I understand and agree with the following:**

- I understand that the surgery and other types of procedures present hazards and that injury to or death of the Animal may conceivably result.
- There are risks inherent to any procedure requiring the use of anesthetics and drugs.
- I hereby release Anicira from any and all claims arising from or connected with the performance of veterinary procedure(s) on my Animal.
- I agree that I have not or will not claim any right of compensation from any of them, or file action due to such procedure(s), the use of anesthesia, or any consequences related thereto.
- Anicira shall not be liable for any injury or damage to any animal for any disease, accident, injury, or death from any cause whatsoever.
- I agree to indemnify Anicira against any claim for damages to any person, animal, or property.
- I understand that some factors significantly increase surgical risk, including but not limited to underlying or preexisting medical conditions.
- I hereby release Anicira from claims arising from or connected with giving vaccines.
- I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with Anicira performing veterinary services despite such failure.
- If my Animal has not already been fully vaccinated, the risk for contracting a disease or virus increases due to potential exposure at Anicira.
- If my Animal is being vaccinated by Anicira, I understand that there is a risk associated with all vaccinations and that my Animal could still contract the disease or virus being vaccinated against, or my Animal could have another potentially harmful side effect, up to and including death. I also understand that it takes up to four weeks for a vaccination to become effective.
- I certify that my Animal is in good health. I understand that Anicira has the right to refuse service to any animal to which it deems the service a health risk. I understand that Anicira will not always perform a comprehensive health exam and pre-operative lab work on animals before surgeries.
- I understand that Anicira may refuse to provide services to any animal that is not sterilized unless sterilization is occurring simultaneously with other desired procedures.
- I understand that if I do not retrieve my Animal at the agreed upon time, Anicira will exercise its right to place or transfer my Animal, as allowed by the State of Virginia under Va. Code § 3.2-6520. Owners of any animal left after the agreed date and time shall be charged a boarding fee of no less than \$20.
- I/We understand and hereby agree that I/we will be responsible to pay Anicira for services rendered. All amounts due to Anicira shall be paid promptly. If you are unable to pay the full amount of the bill at the time of service, regular monthly payments are required and are to be agreed upon with Anicira in writing *prior* to services being rendered. Accounts thirty (30) days in arrears will be charged interest at the rate of one and one-half percent (1.5%) per month. Further, you agree to pay reasonable attorney fees and costs if this account is matter is placed with an attorney for collection. Your ability to obtain continued or future services may be terminated for non-payment of fees. This Contract is entered into and shall be construed under the laws of the Commonwealth of Virginia. The courts of Rockingham County, Virginia, shall have exclusive jurisdiction and venue over any and all claims or causes of actions concerning this Contract or by and among the parties regarding the services provided hereunder.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Owner of Authorized Agent of Said Animal)



## Dentistry/Oral Surgery Procedure Request

Patient Name: \_\_\_\_\_ Client Name: \_\_\_\_\_

If your animal has teeth that may benefit from endodontic or advanced periodontal therapy, would you prefer to be referred to a dental specialist or have the teeth extracted?

- Extraction by Anicira Veterinary Center -OR-  Referral to Specialist

### Additional Procedure Request

- Spay  Neuter  General Surgery: \_\_\_\_\_

Preoperative blood work is recommended for all patients to ensure that your pet is a good candidate for surgery and anesthesia.

Preoperative blood work is required for general surgery/dentistry patients over the age of 5 years.

- Yes, please perform preoperative blood work (\$50)  I decline preoperative blood work

A current rabies vaccine is required for all patients over 16 weeks of age.

- 1-year Rabies Vaccine (\$17)  I have proof of a current Rabies Vaccine \_\_\_\_\_ (Staff initials)  
 3-year Rabies Vaccine (\$17) (must have proof of prior Rabies Vaccine)

### Universal Care Options:

- Microchip, includes Registration (\$25)  
 Nail Trim (\$8)  
 Ear Cleaning (\$10)  
 Deworming with *Drontal Plus* (\$10-\$45)  
 Flea Treatment with *Advantage II* (\$10)

### Additional Services for Dogs:

- DAPPV 1-year Canine Distemper Vaccine (\$17)  
 DAPV 3-year Canine Distemper Vaccine (\$30)  
(must have proof of 1-year DAPPV)  
 Bordetella (Kennel Cough) Vaccine (\$17)  
 Lyme Vaccine (\$30)  
 Leptosporosis Vaccine (\$17)  
 Canine Influenza Vaccines H<sub>3</sub>N<sub>2</sub> & H<sub>3</sub>N<sub>8</sub> (\$24)  
 4DX Test for Heartworm, Lyme, Ehrlichia, Anaplasma (\$30)  
 *Heartgard Plus* Heartworm Prevention, 6 months (\$34-\$49)  
 *Heartgard Plus* Heartworm Prevention, 12 months (\$68-\$98)  
 *Advantix* Flea/Tick Prevention (\$15)

### Additional Services for Cats:

- HCP 1-year Feline Distemper Vaccine (\$17)  
 HCP 3-year Feline Distemper Vaccine (\$30)  
(must have proof of 1-year HCP)  
 Feline Leukemia Vaccine (must have negative test) (\$17)  
 FIV/FeLV/Heartworm Test (\$30)  
 *Frontline Plus* (Flea/Tick Prevention) (\$15)  
 *Revolution* (Flea/Intestinal Parasites/Ear Mite) (\$15)

### Specific certifications by Owner for Animal's safety:

I certify that my Animal has had no food since 6:00 a.m. the morning of the procedure.

### For Animals having Dentistry Procedures/Oral Surgery:

I understand that if the Animal has teeth that need to be removed, there will be an additional charge for double-rooted teeth and for complex extractions.

I understand that jaw fracture is a possible complication with tooth extraction which, if it occurs, will require repair. Referral to a specialist may be required.

### For All Animals being sterilized:

I understand that if my Animal is pregnant, the pregnancy will be terminated during surgery.

I understand that if my Animal has an umbilical hernia, it will be repaired at the time of surgery for an additional charge.

I understand that if my Animal has a retained testicle, there will be an additional charge.

I understand that my Animal will receive a small tattoo on his/her underside to show that he/she has been sterilized.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Owner or Authorized Agent of Said Animal)