



# 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.

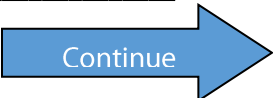
**By signing below, I specifically acknowledge that I understand and agree with the following:**

- 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)





## Heartworm Treatment Request

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

- Pre-Adulticide     Adulticide Therapy (Melosarmine Injection)

**Thank you for seeking treatment for your heartworm positive dog. If this is your dog's first visit, please answer the following questions to help us tailor the best treatment plan for your dog and prepare for possible complications.**

How long have you been the caretaker/ pet parent? \_\_\_\_\_

When was your dog spayed or neutered? \_\_\_\_\_

Has your dog ever traveled outside of the Virginia/Maryland/DC area? If yes, where? \_\_\_\_\_

Has your dog ever been on any heartworm preventative medication (Heartgard, Sentinel, Iverhart, etc)?     YES     NO

If yes, please describe (type and duration): \_\_\_\_\_

When did your dog test positive for heartworm? \_\_\_\_\_

What test was used (IDEXX 4DX, Heska, Abaxis, etc)? \_\_\_\_\_

When (if ever) was your dog's last NEGATIVE heartworm test? \_\_\_\_\_

Has your dog been started on any medication for the heartworm disease (Heartgard, doxycycline, etc)?     YES     NO

If yes, please describe (type and duration): \_\_\_\_\_

Is your dog on ANY other medications (prescription or over-the-counter)?     YES     NO

If yes, please list: \_\_\_\_\_

Have you noticed any clinical signs that may be due to heartworm disease (coughing, exercise intolerance, etc?)     YES     NO

If yes, please describe (signs and duration): \_\_\_\_\_

Does your dog have any other medical problems (for example, history of liver or kidney disease)?  
\_\_\_\_\_

Are you able and willing to enforce strict activity restriction (NO running or rough-housing and controlled short leash walks) during the duration of treatment and for a minimum of 6 weeks post treatment?     YES     NO

### **Additional Procedure Request**

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

- 1-year Rabies Vaccine (\$19)                                     I have proof of a current Rabies Vaccine \_\_\_\_\_ (Staff initials)  
 3-year Rabies Vaccine (must have proof of prior Rabies Vaccine) (\$19)

### **Additional Services for Dogs:**

- |   |  |
|---|--|
| <input type="checkbox"/> Canine Distemper Vaccine DAPPV 1-year (\$19)                                   | <input type="checkbox"/> Microchip, includes Registration (\$25)                                 |
| <input type="checkbox"/> Canine Distemper Vaccine DAPV 3-year (19)<br>(must have proof of 1-year DAPPV) | <input type="checkbox"/> Nail Trim (\$8)   |
| <input type="checkbox"/> Bordetella (Kennel Cough) Vaccine (\$19)                                       | <input type="checkbox"/> Ear Cleaning (\$10)   |
| <input type="checkbox"/> Lyme Vaccine (\$33)  | <input type="checkbox"/> Deworming with <i>Drontal Plus</i> (\$10-\$45)                          |
| <input type="checkbox"/> Leptosporosis Vaccine (\$19)   | <input type="checkbox"/> <i>Advantix</i> Flea/Tick Prevention (\$15)                             |
| <input type="checkbox"/> Canine Influenza Vaccines (\$27)   | <input type="checkbox"/> Flea Treatment with <i>Advantage II</i> (\$10)                          |
|   | <input type="checkbox"/> <i>Heartgard Plus</i> Heartworm Prevention, 6 month supply (\$34-\$49)  |
|   | <input type="checkbox"/> <i>Heartgard Plus</i> Heartworm Prevention, 12 month supply (\$68-\$98) |

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

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

**(Owner or Authorized Agent of Said Animal)**