

Big Lick Veterinary Services  
7777 Bent Mountain Road  
Roanoke, VA 24018  
(540) 776-0700

**Consent for Treatment**

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

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

As owner, or duly authorized agent of the owner, of the above named animal, I hereby consent and authorize Big Lick Veterinary Services to receive, prescribe, treat or operate on this animal.

Our office is to use all reasonable precautions against injury, escape, or demise but will not be held liable or responsible in any manner regarding the care, treatment or safe keeping of the animal. By signing below, I understand that I am assuming all risks involved in care and treatment for this animal. I consent to administration of anesthesia as deemed necessary by the doctor. I acknowledge that risks and the possibility of complications exist in any surgical or medical treatment.

An estimate of anticipated fees will be given to me on request. A deposit may be required upon admittance to the clinic. All charges shall be paid in full upon release. I agree that in the case of nonpayment, a fee of 1.5% per month (18% per annum) and a billing fee will be charged. All collection and attorney fees necessary to collect this debt will be born by me. A check returned for insufficient funds will incur a bank fee and an insufficient check fee.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date