



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 Anicura Veterinary Center, its employees, independent contractors, and agents (individually or collectively "Anicura"), 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 Anicura 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.
- Anicura 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 Anicura 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 Anicura 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 Anicura 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 Anicura.
- If my Animal is being vaccinated by Anicura, 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 Anicura has the right to refuse service to any animal to which it deems the service a health risk. I understand that Anicura will not always perform a comprehensive health exam and pre-operative lab work on animals before surgeries.
- I understand that Anicura 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, Anicura 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 Anicura for services rendered. All amounts due to Anicura 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 Anicura 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 (\$21) I have proof of a current Rabies Vaccine _____ (Staff initials)
- 3-year Rabies Vaccine (must have proof of prior Rabies Vaccine) (\$21)

Additional Services for Dogs:

- DAPPV 1-year Canine Distemper Vaccine (\$21)
- DAPV 3-year Canine Distemper Vaccine (\$21)
(must have proof of 1-year DAPPV)
- Bordetella (Kennel Cough) Vaccine (\$21)
- Lyme Vaccine (\$37)
- Leptosporosis Vaccine (\$21)
- Canine Influenza Vaccines H3N2 & H3N8 (\$30)
- Microchip, includes Registration (\$25)
- Nail Trim (\$8)
- Ear Cleaning (\$10)
- Deworming with *Drontal Plus* (\$15-\$45)
- Advantix* Flea/Tick Prevention (\$15)
- Flea Treatment with *Advantage II* (\$10)
- Heartgard Plus* Heartworm Prevention, 6 month supply (\$34-\$49)
- Heartgard Plus* Heartworm Prevention, 12 month supply (\$68-\$98)

Date: _____ Signature: _____

(Owner or Authorized Agent of Said Animal)