

## Client Consent to Estimate/Medical Care Plan

Client's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

### Description of Primary Services To Be Rendered

#### ESTIMATE:

This document serves as confirmation of receipt of an estimate for the medical care plan that will be carried out for and on my pet. My signature below signifies that I understand and accept responsibility for the payment of these estimated fees as they are performed by this facility. I understand that a deposit of **50%** of this amount will be **required at the time my pet is admitted as a patient** or before such services are initiated. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

I acknowledge that changes in my pet's condition or discovery of other findings during treatment may necessitate a change in or an extension of the original estimate and if this occurs, a staff member will attempt to contact me to update this figure. In the event I cannot be reached, this veterinary practice has permission to proceed with medical care for a) a life-threatening condition or b) additional services that will preserve or enhance my pet's health or c) minimize the need for and risks of additional and costly services at a later date. I agree to pay the balance of my account at the time of my pet's discharge. Any account that has a balance at the end of the month will be subject to a 1.5% finance charge plus a \$2.00 billing fee each month a balance is present.

Signature of Owner or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_