

Valley Lakes Veterinary Clinic 415 North Wilson Rd Round Lake, IL 60073 847-270-0880

Client Name -	
Address-	
Primary Phone –	Emergency Phone -
Fmail -	

AUTHORIZATION FOR EXAMINATION, TREATMENT, AND ASSUMPTION OF FINANCIAL RESPONSIBILITY

I, the undersigned, authorize the veterinarian(s) and/or assistant(s) whom the designate to examine my pet(s) and to administer any medical and/or surgical treatment (including the administration of any form of chemical restraint or anesthetic agents) which is considered therapeutically and/or diagnostically necessary based on findings during the course of the initial examination.

I understand that the treatment of my pet(s) will be conducted with due care and in accordance with prevailing standards of competency in veterinary medicine. I certify that no guarantee or assurance has been made as to the outcome that may be obtained through the course of treatment undertaken by Valley Lakes Veterinary Clinic, its veterinarians, agents, or employees.

I assume financial responsibility for all charges incurred, consent to the release of medical information, and authorize direct payment to Valley Lakes Veterinary Clinic. I understand and agree to pay all charges in full upon completion of Valley Lakes Veterinary Clinics services. I will be provided a treatment plan if requested. I understand that if I do not pay the balance in full, Valley Lakes Veterinary Clinic will be entitled to all reasonable legal fees and costs incurred in the collection of said balance. There will be a \$25.00 fee added to your account balance for all returned checks. A deposit may be required to reserve future appointments for clients who miss or cancel more than 3 appointments in a calendar year without 24 hours notice.

Failure to claim my pet(s) within 24 hours of its scheduled release, unless otherwise notified, shall be considered ABANDONMENT, and charges for care given during that period will continue to accrue.

Signature of Responsible Agent:	
Printed Name	
Date Signed	