

**Lincoln Land Animal Clinic, Ltd.**  
**Consent For Services**

**Client Name:**  
**Address:**

**Telephone:**

**Name:**  
**Species:**  
**Breed:**  
**Sex:**  
**Color:**  
**Markings:**  
**Birth Date:**

I hereby certify that I am the owner of the above-named animal or am responsible for it and have the authority to execute this consent.

I hereby authorize the performance of the following procedure(s): Anesthesia -

I hereby also authorize the use of such anesthetics as you deem advisable and performance of such surgical or therapeutic procedures as you determine to be indicated. I understand that during the procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) and operation(s) as are necessary and desirable in the exercise of the veterinarian's judgement. I agree to indemnify and hold harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

I understand the risks associated with anesthesia and the benefit of pre-anesthetic blood work.

☐ I consent to pre-anesthetic blood work ☐ I decline pre-anesthetic bloodwork & acknowledge the risk of anesthesia

☐ Pre-anesthetic bloodwork has already been performed

I would also like to have the following procedures performed:

Nail Trim \$7.50 ☐ YES ☐ NO

Ear Cleaning \$7.50 ☐ YES ☐ NO

Anal Glands \$15.00 ☐ YES ☐ NO

Microchip \$45.00 ☐ YES ☐ NO

Radiographs of Hips \$90.00 ☐ YES ☐ NO

\*Post operative pain reliever ☐ YES ☐ NO

\*\*Laser Surgery \$35-\$85 ☐ YES ☐ NO

\*Post operative pain reliever is not optional for some surgeries.

\*\*This is optional only on some surgeries; for some surgeries it is required and there may be a higher fee associated with the service.

**I understand that all animals that are found to have fleas will be treated at owner's expense. ☐**  
**Last date flea prevention was applied and name of product:**

I have been advised as to the nature of the anticipated procedures and operations and the risks involved. While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to pay 100% of the estimated fees, assume financial responsibility for any additional fees, and provide payment via cash, credit card, debit card, or check at the time my pet is discharged from the hospital. Should an unexpected life-saving emergency procedure be required and the hospital staff is unable to reach me, the staff **has** ☐ **does not have** ☐ (check one) my permission to provide such treatment and I agree to pay for such services. I agree to pay finance

charges and billing fees applied to my account when not paid in full at the time services are rendered. I also agree to pay additional expenses should a lawsuit or other outside source become necessary to collect my account, including attorney's fees and court costs.

I have reviewed and understand the treatment plan range indicating potential low and high cost. I understand that this is a plan on what the veterinarians expect to do, and how much it should cost.

☐

I intend to pay for the services and products when I pick up my pet with:

☐Cash    ☐Check    ☐Credit card    ☐Debit card

Signature of owner: \_\_\_\_\_

**AT WHAT NUMBER CAN YOU BE CONTACTED TODAY?**