



Delaware Valley Veterinary Behavior
(724) 953-3801

delvalvetbehavior@gmail.com
<http://delvalvetbehavior.wix.com/dvvb>

Consent Form for Treatment and/or Examination

Client's Name: _____ Pet's Name: _____

• I, the undersigned owner, agent or handler of the pet identified above, certify that I am eighteen years of age or older and that I have the legal authority to seek treatment for the pet. I consent to the examination of the pet by the staff of Delaware Valley Veterinary Behavior ("DVVB"). I also agree that after consultation with me, DVVB's veterinarians may diagnose, prescribe medication or otherwise treat my pet.

• I understand that an estimate of the fees for veterinary services will be provided to me upon request and that I am encouraged to discuss all fees related to such care before services are rendered and during my pet's ongoing medical treatment. I agree to assume financial responsibility for the fees and will provide payment via cash, credit card or check at the time my pet is discharged.

• I understand that certain therapies recommended by DVVB may involve some level of risk to the pet, me or my property, or the person or property of some third party, and I am freely assuming these risks. I agree that the pet's behavior now and in the future is solely the responsibility of the owner, agent or handler. I also agree that if any behavior on the pet's part now or in the future results in damage or injury to the pet, me or my property or the person or property of some third party, DVVB will have no responsibility for damages, even if some damage or injury is the result of failure of the pet to respond to any behavior modification or veterinary care prescribed by DVVB or resulting from counseling and advice supplied to the owner, agent or handler of the pet.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or

Agent: _____ Date: _____

Phone number at which Owner or Agent can be reached: _____

Thank you for giving us the opportunity to care for your pet. Please bring this form with you to your scheduled appointment.

Important new appointment information:

- When you arrive at your appointment, please do not bring your pet into the waiting room if he or she becomes very fearful or aggresses towards unfamiliar dogs or people. If you anticipate that this may occur, please let us know when scheduling your appointment so that we can help you enter.
- We often use food for the purposes of behavior modification, as well as helping your pet cope during his or her appointment. Please let us know when scheduling your appointment if your pet has any dietary restrictions. You are welcome to bring some of your pet's own food, treats, or toys.