



Delaware Valley Veterinary Behavior
(724) 953-3801

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<http://delvalvetbehavior.wix.com/dvrb>

Consent Form for Treatment and/or Examination

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

•I, the undersigned owner, agent of the owner, or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am eighteen years of age or older. I consent to the examination of this animal by the staff veterinarians of Delaware Valley Veterinary Behavior. I also agree that after consultation with me, the Service'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 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 dog's own food, treats, or toys.