

VETERINARY SERVICES CONSENT AND TREATMENT AUTHORIZATION

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This Veterinary Services Consent and Treatment Authorization (this "**Consent**") is entered into as of [DATE] by and between:

[PRACTICE LEGAL NAME], a [STATE] [ENTITY TYPE, e.g. professional corporation] operating a veterinary practice at [PRACTICE ADDRESS] ("Practice," "we," or "us"); and

[CLIENT NAME], residing at [ADDRESS] ("Client" or "you"), the owner or authorized agent of the animal described below (the "**Patient**").

The Practice and the Client are each a "**Party**" and together the "**Parties**."

Patient details: Name [ANIMAL NAME]; species [SPECIES]; breed [BREED]; sex [SEX]; age/DOB [AGE]; color/markings [DESCRIPTION].

Recitals. The Client wishes to obtain veterinary care for the Patient, and the Practice agrees to provide care subject to the Client's informed consent and the terms below. In consideration of the mutual promises in this Consent, the Parties agree as follows.

1. Authorization and Scope of Care

1.1 Authorization to treat. The Client authorizes the Practice and its veterinarians, technicians, and staff to examine, diagnose, and treat the Patient as the attending veterinarian determines is medically appropriate, consistent with this Consent.

1.2 Authority of signer. The Client represents that they are the owner of the Patient or are authorized to make care decisions for the Patient and to bind the owner to this Consent.

1.3 Described services. The currently anticipated services are: [DESCRIBE, e.g. wellness exam, vaccinations, dental, spay/neuter, surgery, diagnostics]. The attending veterinarian may recommend additional services based on findings.

1.4 Professional judgment. Veterinary medicine is not an exact science. The Practice does not guarantee any particular result, cure, or outcome and will exercise reasonable professional skill and care consistent with accepted veterinary standards.

2. Informed Consent and Risks

2.1 Acknowledgment of risk. The Client understands that examinations, anesthesia, sedation, surgery, diagnostics, and treatment carry inherent risks, including adverse reaction, complication, illness, injury, or death, even when care is properly administered.

2.2 Anesthesia and sedation. Where anesthesia or sedation is recommended, the Client consents to its administration and understands that pre-anesthetic testing is recommended to reduce, but cannot eliminate, risk. The Client elects to **[ACCEPT / DECLINE]** recommended pre-anesthetic bloodwork.

2.3 Questions answered. The Client has had the opportunity to ask questions about the recommended care, alternatives, and risks, and consents voluntarily.

2.4 Right to decline. The Client may decline any recommended service. Declining recommended care may affect the Patient's prognosis, and the Client accepts responsibility for the consequences of declining care.

3. Emergency and Additional Treatment

3.1 Emergency authorization. If a life-threatening emergency arises during care and the Client cannot be reached, the Client authorizes the attending veterinarian to provide emergency treatment, up to an estimated cost of **[\$AMOUNT]**, exercising professional judgment in the Patient's best interest.

3.2 Resuscitation preference. In the event of cardiac or respiratory arrest, the Client directs the Practice to: **[ATTEMPT RESUSCITATION (CPR) / DO NOT RESUSCITATE (DNR)]**.

3.3 Additional procedures. If, during a procedure, the veterinarian discovers a condition requiring care beyond the consented scope, the Practice will attempt to contact the Client. If the Client cannot be reached and delay would endanger the Patient, the Client authorizes reasonable additional treatment.

3.4 Emergency contact. Alternate contact authorized to make decisions if the Client is unavailable: **[NAME, RELATIONSHIP, PHONE]**.

4. Fees, Estimates, and Payment

4.1 Estimates. The Practice will provide a good-faith written estimate on request. Estimates are approximate; actual charges may vary based on the Patient's condition and the care provided.

4.2 Payment. Payment is due **[AT THE TIME OF SERVICE / ON DISCHARGE]**. The Client authorizes the Practice to charge the payment method on file for services rendered and authorized under this Consent.

4.3 Deposits. For surgery, hospitalization, or major procedures, the Practice may require a deposit of **[\$AMOUNT OR %]** in advance.

4.4 Past-due accounts. Balances unpaid by **[NUMBER]** days after invoice accrue a finance charge of **[\$AMOUNT OR %]** to the extent permitted by applicable law, and the Client is responsible for reasonable collection and attorneys' fees permitted by law.

5. Hospitalization, Boarding, and Abandonment

5.1 Hospitalization care. If the Patient is hospitalized, the Practice will provide care and monitoring during posted hours and reasonable after-hours checks as medically indicated; the Practice will disclose its overnight staffing.

5.2 Boarding during care. Any boarding incidental to treatment is provided at the Practice's posted boarding rates and is subject to the Practice's standard boarding terms.

5.3 Abandonment. A Patient not retrieved within **[NUMBER]** days after the Practice notifies the Client that the Patient is ready for discharge, and after reasonable attempts to reach the Client, may be deemed abandoned and handled as permitted by applicable local law. The Client remains responsible for charges incurred.

6. Medical Records, Communications, and Consent to Contact

6.1 Records ownership. The Practice maintains the Patient's medical records. The Client may request a copy of the records and may authorize their release to another veterinarian or facility.

6.2 Communications. The Client consents to receive appointment, treatment, billing, and follow-up communications from the Practice by phone, email, or text at the contact details provided.

6.3 Photographs. The Client **[GRANTS / DOES NOT GRANT]** the Practice permission to take and use photographs of the Patient for medical records and **[GRANTS / DOES NOT GRANT]** permission for educational or promotional use.

7. Liability, Indemnity, and General Provisions

7.1 Assumption of risk and release. Having been informed of the risks, the Client accepts the ordinary risks of veterinary care and, to the fullest extent permitted by applicable law, releases the Practice from liability for outcomes that occur despite the exercise of reasonable professional care. This release does not waive liability for the Practice's gross negligence, willful misconduct, or professional malpractice, or any liability that cannot be waived by law.

7.2 Handling and behavior. The Client warrants that, to the Client's knowledge, the Patient has **[NO HISTORY / A HISTORY]** of biting or aggression and discloses: **[DETAILS, IF ANY]**. The Client will indemnify the Practice against claims arising from injury caused by the Patient, except to the extent caused by the Practice's negligence or misconduct.

7.3 Limitation of liability. To the fullest extent permitted by applicable law, the Practice's total liability arising out of this Consent will not exceed the amounts paid by the Client for the services giving rise to the claim. Neither Party is liable for indirect or consequential damages.

7.4 Governing law and venue. This Consent is governed by the laws of the State of **[STATE]**, without regard to its conflict-of-laws rules. The Parties submit to the exclusive jurisdiction of the courts located in **[COUNTY, STATE]**.

7.5 Entire agreement; amendment. This Consent is the entire agreement between the Parties on its subject and supersedes prior discussions. It may be amended only by a writing signed by both Parties or by the Client authorizing additional services as provided above.

7.6 Severability and waiver. If any provision is unenforceable, the rest remains in effect. A Party's failure to enforce a provision is not a waiver.

7.7 Counterparts and electronic signature. This Consent may be signed in counterparts and by electronic signature, each of which is an original and all of which together form one agreement.

IN WITNESS WHEREOF, the Client has read and understood this Consent and authorizes the described and reasonably necessary care for the Patient.

VETERINARY PRACTICE

CLIENT (OWNER OR AUTHORIZED AGENT)

Signature: _____

Signature: _____

Printed name: **[NAME]**

Printed name: **[NAME]**

Title: **[TITLE]**

Title: **[OWNER / AUTHORIZED AGENT]**

Date: _____

Date: _____

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