Veterinary Treatment Consent

The pet owner signs; the veterinary clinic countersigns.

VETERINARY CLINIC NAME

PHONE

Pet owner

FULL NAME

EMAIL

PHONE

ADDRESS

Pet

PET NAME

SPECIES

BREED

AGE (YRS)

SEX

WEIGHT (KG)

LAST VACCINATION

Service

VETERINARIAN

VCI / STATE REG. NO.

TREATMENT PLAN

ESTIMATE (₹)

APPROVE EXTRA COSTS UP TO (₹)

The vet has explained the likely diagnosis, the proposed tests and treatment, and the cost. Animals can react unpredictably to illness and medicines; no outcome can be guaranteed.

Terms

1. The clinic will call before going beyond the approved amount, except in an emergency to save the pet's life.
2. Payment is due on discharge. Hospitalised pets are charged daily.
3. Pets not collected within 3 days of discharge, after reminders, may be rehomed or handed to a shelter as allowed by law.
4. If the pet bites or scratches staff, the owner will share its rabies vaccination record.

If the pet's heart stops during care, should the team attempt resuscitation (CPR)?

◯ Yes ◯ No

☐ I am the owner, or am authorised by the owner, and the information above is true.

Pet owner

SIGNATURE

PRINTED NAME

DATE

Veterinary clinic

SIGNATURE

PRINTED NAME

DATE