

TREEHOUSE ANIMAL CLINIC SPECIALIST CONSENT FORM

DR. BRANDON POGUE

Owner's Name:

Date of Procedure:

Pet's Name:

Sex:

Procedure(s):

Best Contact Number Today:

CONSENT: I have been advised as to the nature of the procedure above including the potential complications and risks thereof. I authorize Brandon Pogue, DVM, DACVIM (Cardiology), with the assistance of Treehouse Animal Clinic staff, to perform this procedure on behalf of TAC and its staff. I also understand that, although rare, there may be the need to clip fur to provide adequate contact or the need to administer a sedative to my pet. I indicate with my signature my consent to the above procedure(s), that all questions have been answered to my full satisfaction and that I understand any risk associated with my pet's procedure(s).

Signature:

Date:

ESTIMATE: I understand that estimates are not automatically provided and if I would like an estimate for the above procedure(s), I may request one by calling or emailing TAC.

CANCELLATION FEE: There is a \$100 cancellation fee if you cancel your pet's procedure within 24 hours prior to your pet's scheduled procedure time or if you do not show up for your pet's scheduled procedure.

PAYMENT IS DUE AT TIME OF SERVICE: We accept American Express, Visa, Mastercard, Discover, Debit, Cash or Check only. We do not accept Care Credit or Payment Plans. I understand the above estimate, cancellation and payment policy:

I indicate with my signature my consent to the above procedure(s), that all questions have been answered to my full satisfaction and that I understand any risk associated with my pet's procedure(s). I also understand the above estimate and payment policy:

Signature:

Date:
