

**TREEHOUSE ANIMAL CLINIC SPECIALIST CONSENT FORM**  
**DR. JULIE DUVAL**

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 Julie Duval, VMD, DACVS, a representative of Moves Managed Services Inc. (hereinafter "MOVES") to perform this procedure. I also understand that Treehouse Animal Clinic (hereinafter "TAC"), with the assistance of MOVES personnel as needed, will be using appropriate sedatives and/or anesthetics and medications needed to perform this procedure and will be responsible for monitoring my pet. I also grant MOVES and its associates the right to use, reuse, and publish in any manner, for commercial or non-commercial purposes the images, video, or likeness (the "MEDIA") of the above-named animal. I waive the right to inspect or approve the finished product or copy of the Media and I release and discourage MOVES and its representatives all claims, actions, and demands arising out of the use of the media including any claims of invasion of privacy and libel.

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 **\$200 cancellation fee** if you cancel your pet's procedure inside of 24 hours prior to your pet's scheduled procedure time or if you do not show up for your 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 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: