

Thomas & England Veterinary Services

Roger C. Thomas, DVM, Travis England, DVM,
Wesley Dyer, DVM, Aaron Duggin, DVM, & Hunter Thompson, DVM
156 Vincent St. / PO Box 309
Smiths Grove, KY 42171
(270) 563-0011

Owner _____

Have we seen other cats or
dogs of yours before?

Address _____

City _____

YES

State _____ Zip code _____

NO

Primary Phone: _____

E-Mail Address _____

Consent & Release for Admission, Treatment, & Payment

I, the undersigned owner or authorized agent of the pet/animal named, consent to the examination of my pet by the veterinarians at Thomas & England Veterinary Services, and after consultation, to prescribe treatment of my pet.

I understand that an estimate of costs may be provided upon my request and I am encouraged to discuss those charges with the attending veterinarian and/or his staff *before* services are performed. The veterinarians have my permission to perform life saving emergency care on my pet if required and I agree to pay for such care. **I agree to assume all financial responsibility for all services performed by cash, check, or credit/debit card at the time services are rendered.**

I agree to pick up my pet and pay for all accrued charges for my pet within 5 days after receiving written or oral notification at the above listed address that he/she is ready to be released from Thomas Veterinary Services. I understand that if I should fail to comply with this agreement Thomas & England Veterinary Services may handle this abandonment in the best interest of our office.

_____ By initialing here, I give TEVS permission to release medical records for this pet to pet rescues/shelters, boarding/grooming facilities, government offices and other animal hospitals if necessary.

By signing below, I am verifying that I have read, understand and agree to the above consent and release for admission, treatment and payment terms.

Owner/Agent Signature _____ Date _____

Pet name _____ Breed _____

D.O.B./Approx. age: _____ Color _____

Sex: Male Male-Neutered Female Female-Spayed (please circle one)

Does your pet have any special conditions or take medications? _____