

East County Large Animal Practice

10312 Quail Canyon Rd, El Cajon CA 92021

619-561-4661

Small Animal Consent to Treat

Date: _____

Owner's Name: _____

Phone #: _____ Email: _____

Address: _____

Payment Information

Cash or Check (Circle one)

Credit Card #: _____ Exp Date: _____ V Code: _____

Animal Information

Name: _____ Breed: _____ Age: _____ Sex: _____

Procedure (s) to be performed: _____

Is animal currently on any medication? Yes No Meds: _____

Owners DOB (For medication dispensing) : _____

By signing below, I consent to the performance of the above procedures on the above listed patient. I further consent to the administration of restraint such as anesthesia and administration of drugs and other procedures as may be considered necessary or desirable in the judgment of the admitting veterinarian.

I also consent to the taking of any photographs and/or videos in the course of the treatment for the purpose of advancing veterinary medical knowledge.

The risks involved in performance of the above procedure(s) have been explained to me in detail and I fully understand them.

Admitting Veterinarian: _____ Date: _____

Owner/Agent: _____ Date: _____

If you were referred to us please let us know who referred you: _____