

Valley Ranch Pet Clinic

MEDICAL ILLNESS POLICY

Owner's Name: _____

Pet(s) Name: _____

For the protection of all pets during their stay, the following vaccines must be current and **DOCUMENTED** at the time of admittance.

DOGS: DA2PP, Rabies, Bordetella, & Influenza.

CATS: FVCRP & Rabies

- We recommend Heartworm, Intestinal Parasite, Flea & Tick prevention for all patients.
- Pets with fleas will be given a mandatory treatment (cost based on dose per weight).
- Medications will be given at an additional charge of \$2.50 to \$5.00 per day.
- Valley Ranch Pet Clinic reserves the right to *treat any and all infectious or contagious diseases* at the discretion of the attending veterinarian.
- I will **not** hold Valley Ranch Pet Clinic liable for any injuries my pet may sustain while under the care of VRPC, in the absence of gross negligence.
- It is common for pets to experience some stress in relation to their overnight stay away from home. If your pet experiences intestinal issues with diarrhea, one or two meals will be withheld and a binding agent and probiotic will be given to resolve the diarrhea. An intestinal parasite screen will also be performed at this time. *If the symptoms do not improve, we may dispense an antibiotic for the remainder of your pet's stay. The additional cost may vary since these medications are dosed based on weight.*
- I intend to pick up my pet(s) on the date specified. If circumstances change, I will notify Valley Ranch Pet Clinic within 24 hours of the original pickup date. I understand that my pet will be discharged only during regular office hours. All services and charges **MUST BE PAID IN FULL AT TIME OF DISCHARGE**. If I fail to pay, all costs to VRPC in an effort to collect, including collection costs, court costs and reasonable attorney's fees, will also be my responsibility.

If your pet becomes ill, we will contact the primary and emergency contact numbers on file. The numbers are verified and updated at check in for each stay. During the conversation we will provide you with your pet's symptoms, treatment options, and estimate of additional costs. **PLEASE NOTE** that two attempts will be made to reach you. If no one can be reached, and if your pet(s) health becomes critical, your pet will receive proper medical care under the veterinarian's discretion. No pet will be left in our care in a critical medical state without treatment, with or without your consent. **If no one can be reached, please indicate your wishes below:**

Please perform whatever diagnostic, medical and/or surgical treatments the attending veterinarian deems necessary, including the transport to an Emergency facility if required. I accept full financial responsibility.

OR

I authorize treatment costs up to \$ _____.

By signing below, I acknowledge and agree to all terms in this document.

Signature: _____

Date: _____