



EDEN VETERINARY CLINIC, PLLC



Consent for treatment and Patient Financial Responsibility

I hereby authorize Eden Veterinary Clinic, PLLC to perform any diagnostic procedures deemed necessary to make a thorough diagnosis of my pet and medical needs, including radiographs, bloodwork, medications or any other necessary medical test or procedure. **If a client refuses diagnostic procedures we may refuse to treat the patient and may lead to dismissal from the practice.**

I agree to pay Eden Veterinary Clinic, PLLC for all amounts which become due by virtue of the veterinary services rendered under this agreement upon completion of treatment. If I fail to remit payment for these services at the time the account is referred to an attorney for collection, I understand that I will be liable for the amount due and also any and all cost, disbursements, interest and attorney's fees which may be insured as a result of such action. This agreement, whereby the undersigned party consents to treatment and assumes financial responsibility for that treatment, is of an ongoing nature and will continue to govern all present and future services rendered by Eden Veterinary Clinic, PLLC.

I certify that I have read and understand the above information.p

Date

Signature of Owner (parent/ guardian if under 18)

Patient Name

Owner Name (print)