## Animal Clinic of Merritt Island - Dr. George and Dr. Ibarra.



## Please read and sign below.

TREATMENT AND CARE: I, the undersigned, am authorizing the staff Animal Clinic of Merritt Island to administer treatment, perform diagnostic and prophylactic procedures, and care for my pet(s). I consent to the administration of medications, including analgesics sedatives, tranquilizers, and anesthetics as may be deemed necessary by the attending veterinarians.

PREVENTIVE HEALTHCARE REQUIREMENT: I understand that in an effort to prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccinations and free of internal and external parasites.

## STATE LAW AND INSURANCE REQUIREMENTS.

## Florida Statutes

<u>The Florida Senate.</u> All dogs, cats, and ferrets 4 months of age or older must be vaccinated by a licensed veterinarian against rabies with a vaccine that is licensed by the United States Department of Agriculture for use in those species. If not current vaccination can be updated at the time of your appointment.

WARRANTIES AND LIABILITY: I acknowledge that no assurance, guarantee, or warranty has been made as to the results of treatments, procedures, or surgery. I am aware that every surgical procedure, treatment, and anesthesia, even performed on a healthy animal, carries a certain amount of risk and probabilities of complications. I understand that the staff of Animal Clinic of Merritt Island will make every reasonable attempt to safely and proficiently care for my pet. Animal Clinic of Merritt Island or its staff will not be held responsible in any manner whatever or any circumstance, on account of the care, treatment, or safe keeping of my pet, or otherwise in connection therewith.

FINANCIAL STATEMENT: I bear full financial responsibility for any and all costs incurred for the treatment and care of my pet, and I am aware that all outstanding accounts are payable in full when services are rendered. I agree to pay all collection agency or attorney fees in the event that my account becomes delinquent.

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My signature is acceptance to the	ese terms and constitutes an agreement.	
Signature;	Date:	