

# Knight Veterinary Clinic

220 Elmcrest (208) 587-7941 Mountain Home, ID 83647

Jeremiah Burnett, D.V.M. Chase Van Orden, D.V.M.

Courtney Briscoe, D.V.M.

## KNIGHT VETERINARY CLINIC TREATMENT CONSENT FORM

### Client Information

Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

### Pet Information

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Sex: ☐ Male ☐ Female ☐ Neutered/Spayed ☐ Intact

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### Reason for Visit / Nature of Problem:

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### Consent for Examination and Treatment

I, the undersigned, am the owner or authorized agent of the above animal. I authorize the veterinarians and staff at [Clinic Name] to examine, diagnose, and treat my pet as deemed necessary.

☐ I understand that diagnostics or treatments may include:

- Physical examination
- Laboratory testing
- X-rays or imaging
- Hospitalization or monitoring
- Medication administration

- Minor or non-invasive procedures

☐ I understand that a separate estimate and consent will be provided for any **surgical, anesthetic, or major medical procedures**.

☐ I authorize the attending veterinarian to perform any additional diagnostics or treatments that are deemed necessary during the visit, unless I specifically decline below.

**Declined Services or Special Instructions (if any):**

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**Payment and Liability Acknowledgement**

- I understand that all services must be paid for in full at the time they are rendered.
- I understand that unforeseen complications may arise and that I am financially responsible for all services provided.
- I understand that no guarantees have been made regarding the outcome of treatment.

**Emergency Contact (if different from owner):**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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**Signature & Consent**

By signing below, I consent to the examination and treatment of my pet as outlined above.

Owner/Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Clinic Representative: \_\_\_\_\_

Date: \_\_\_\_\_