



**VICSD**  
 VETERINARY IMAGING  
 CENTER OF SAN DIEGO

**Client Consent Form**

Date: \_\_\_\_\_ Primary Veterinarian: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_  
Last First Last First

Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

\_\_\_\_\_ Cell: ( ) \_\_\_\_\_  
City State Zip Code

E-mail Address: \_\_\_\_\_ Work: ( ) \_\_\_\_\_

**Patient information**

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: Y  N

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**Client Consent**

A deposit of 50% of the estimated fees will be required before your pet will be admitted for treatment. Any balance is due at the time your pet is released from the hospital.

I, the owner/agent of the animal being presented to Veterinary Imaging Center of San Diego, authorize the doctor to perform an exam. I have the right to decline any treatment or diagnostics recommended by the attending veterinarian. I have read and understand the above financial terms for the care of my pet and agree to comply regardless of the outcome. If I neglect to pick up my pet within fourteen (14) days of written notice that it is ready for release, the animal shall be deemed abandoned. Abandonment, however, does not release me from my obligation for payment of fees. I also understand that veterinary service during nighttime hours and/or weekends is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours.

\_\_\_\_\_  
 Owner/Agent

\_\_\_\_\_  
 Date