



# Albuquerque Cat Clinic

7007 Jefferson NE, Suite D-2  
Albuquerque, NM 87109  
505-323-1460  
[www.abqcatclinic.com](http://www.abqcatclinic.com)

## Treatment Consent Form

Client Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Cats Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
Breed: \_\_\_\_\_ Patient I.D. \_\_\_\_\_

### Procedures:

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- I am the owner or agent for the owner of the above animal and have the authority to execute this consent.
- I hereby consent to and authorize the performance of the above described procedure(s). I understand that risks may be involved.
- I have had the fees outlined to me and agree to pay all such fees and charges at the time of discharge unless alternate financial arrangements have been made prior to discharge.
- If unforeseen conditions arise which, in the judgment of the veterinarian, call for procedures or treatments other than those now being authorized, I authorize such procedures if reasonable efforts to contact me for further consent are unsuccessful.
- I have been advised as to the nature and purpose of these procedures and realize that no guarantee exists as to the result of diagnosis and treatment of the above described animal.
- I have read and understand this consent.
- I am 18 years of age or older.

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Signature of Owner or Agent

Date