Thank you for choosing **Less Stress For Your Pet At Home Veterinary Medical Services.**

Please take a moment to familiarize me with you and your companion.

**DATE:**

**CLIENT:**

**Names:**

**Home Address:**

**Mailing Address (if different from above):**

**Phone Number: H: W: Cell:**

**E-Mail Address:**

**PATIENT ONE:**

**Name:**

**Species:**

**Breed:**

**Color:**

**Sex:**

**Spay/Neutered:**

**Date of Birth:**

**Does you companion have any medical conditions?**

**Is your companion currently on any medications? Please list**

**PATIENT TWO:**

**Name:**

**Species:**

**Breed:**

**Color:**

**Sex:**

**Spay/Neutered:**

**Date of Birth:**

**Does you companion have any medical conditions?**

**Is your companion currently on any medications? Please list**

**How did you hear about this service?**

**Consent for Treatment:** I am the owner, or an authorized representative of the owner, of the animal presented, and I have the authority to execute this Consent. I am at least 18 years of age.

I authorize and direct **Dr. Eric R. Hurwit** of **Less Stress For Your Pet At Home Veterinary Medical Services, LLC** and any designated assistant(s), to administer treatment as needed in his/their professional judgment on the basis of the findings during the course of evaluation, including without limitation, prescribing medication, testing and other diagnostic procedures, as may be advisable for the animal's well-being. I understand that I will be advised as to the nature of the treatment being performed and that I have been advised of and am fully informed of the risks involved and I am responsible for the decisions taken. I understand that no warranty or guarantee is made as to the results or cure. An estimate of these fees will be provided at my request for the initial assessment and treatment for the animal presented. I realize that actual fees may differ from the estimate dependent on the animal’s condition. I will be responsible for monitoring the ongoing fees and will be fully responsible for all fees incurred through the animal’s diagnosis and treatment at the conclusion of the visit.

I have read and understood this consent.

Signature of owner/agent and date: