



Consent for Professional Services
Please read carefully and sign on the other side.

_____/_____/_____
Client Name (please print) Patient Name (please print) Date

I authorize Animal Care Center of Hays County (herein known as ACC) to perform such diagnostic, therapeutic, and surgical procedures as are in their opinion, necessary and advisable for treatment and maintenance of my pet's health. I also authorize the use of anesthetics that ACC deems advisable for any needed procedure. I understand the nature of such services, and while I accept all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee nor warranty can ethically or professionally be made regarding the results or cure.

I understand the ACC and their employees will use all reasonable precautions against escape, injury, death or destruction of said animal. However, it is understood by me that ACC shall not be and is not responsible beyond such reasonable precautions for said animal, except in the case of gross negligence.

It is also understood by me, and I hereby agree, that I shall be responsible for the costs in connection with any care and/or medical treatment of any sort and any description given to said animal and that payment shall be made by me, upon request, and prior to the return of said animal to my care. Be advised that there is an extra charge to sterilize females that are in season.

(Please see other side.)