

Twin Cities Animal Rehabilitation Clinic
12010 Riverwood Drive
Burnsville, MN 55337
(952) 224-9354

Your name _____ Phone _____
Your address _____ City _____ Zip _____
Place of employment _____ Phone _____
Owner's name (if different) _____ Phone _____
Owner's address _____ City _____ Zip _____
Cell phone _____ Email address _____
Pet's name _____ Age/DOB _____ Dog Cat Other _____
Breed _____ Color _____ Male Female spayed/neutered?
Regular veterinarian or clinic _____
Surgeon / Hospital _____
Reason for today's visit _____
How did you hear about us? Internet Friend Vet (please specify: _____)
 Other (please specify: _____)

Treatment Authorization

I am the owner or agent of the described animal above and have the authority to execute this consent. I hereby authorize the veterinarian and staff of Twin Cities Animal Rehabilitation Clinic to examine and render treatment. I also authorize the use of appropriate medical procedures. I realize results cannot be guaranteed. I understand TC Rehab reserves the right to reschedule therapy appointments if I am more than 15 minutes late without notice.

Payment Policy

I understand that cash or credit/debit cards are accepted. Credit and debit cards are verified electronically. If authorization is declined for any reason on a credit or debit card, another method of payment is required. Full payment is required at the time services are performed. Pets must be collected by closing time or a late fee or \$30 will be assessed.

I understand that it is not the practice of TC Rehab to keep owner personal information or credit card number on file. If such occasion should occur, the aforementioned sensitive information will be kept locked in a safe. I have carefully read the treatment authorization and the payment policy. By signing below, I agree to all conditions.

Signature _____ **Date** _____