Mountain View Equine Hospital, PC
309 Old B & O Rd
Steeles Tavern, Va 24476
(540) 377-5700
mtviewequinehospital@gmail.com

Wynne A. Digrassie, DVM, MS, CVA
Diplomat, ACVT

Scott R. Reiners, DVM
Diplomat, ACVS, ACVSMR

Bianca R. Reynolds, DVM

Small Animal Treatment Authorization

Patient Name:_____ Date:_____

Client Name:_____

Primary Reason for Visit:_____

Please Read and Initial Below

_____ I do hereby give Mountain View and it's employees permission to perform the procedures and treatments deemed necessary for my pet listed above. I have been informed and understand the benefits and complications of these procedures and treatments.

_____ I understand that Mountain View is Not a 24hr emergency facility and will not see or keep animals after hours. I understand that in an emergency and/or if my animal needs continued care I will need to transport my animal at my own cost and resources to the nearest after hours emergency animal hospital. (Veterinary Emergency Services of Verona Animal Hospital 540-248-1051).

_____ I understand that any costs discussed are estimates and costs may vary. I also understand that I am responsible for any additional costs that occur.

_____ I understand that payment is due in full at the time of service. Any checks returned for insufficient funds are subject to a $35 returned check fee. Any accounts left unpaid after 90 days are subject to legal collection activities.

_____ _____
Signature Date