

Release Forms

Patient Name: _____
Chart #: _____ Staff: _____

Consent to Treat

I, _____, the undersigned owner or agent, hereby consent and authorize the Animal Behavior Wellness Center, Dr. Amy L. Pike, and designated associates to evaluate, examine, diagnose, develop a treatment plan, prescribe for, and such additional procedures as are considered therapeutically and/or diagnostically necessary on the basis of findings during the course of said evaluation. I also consent to the administration of anesthetics, psychotropic medication, or sedatives as needed.

I acknowledge that examination and/or treatment is to take place in my home or the referral facility as agreed upon, and assume all risks arising in connection therewith, including damage or injury resulting from any actions of my animal. I further understand that reactions of my animal to certain drugs or treatment may be unknown in advance and assume all risks in connection with the use of the same. The doctor(s) are to use all reasonable care and precautions, but it is understood that I assume all risks except negligence on their part. I further assume financial responsibility incurred to the patient(s) at the time of services rendered.

I further understand that no treatment will proceed without prior verbal or written consent obtained from me after discussion with Dr. Pike or her associates regarding the planned treatment or prescription and at any time I may refuse either all or part of the recommended treatment, training or products.

Initials: _____

Media Release

I grant permission to the Animal Behavior Wellness Center, hereinafter known as "Media," to use my pet's or my own image (photographs and/or video) for use in Media publications to include, but are not limited to, educational material, client resources, general publications, social media, etc.

I hereby waive any right to inspect or approve the finished photographs or finished matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Initials: _____ Accept: Decline:

Animal Behavior Wellness Center

11230 Waples Mill Rd. Ste 125A
Fairfax, VA 22030

1-888-438-0788
info@abwellnesscenter.com



Email List Release

I grant permission to the Animal Behavior Wellness Center to add my email address to their mailing list. I understand that the team periodically sends clients information pertaining to workshops, classes, events, and other client-related reminds or information. The ABWC will not share your information with any other parties.

Initials: _____ Accept: Decline:

Signature

Date

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