**Acknowledgement of Informed Consent and Owner Responsibility**

Click or tap to enter a date.

* I have been informed certain risks and complications may be associated with any service or procedure performed to an animal within veterinary medicine. The risks and complications include but are not limited to secondary bleeding, bruising, anaphylactic reaction, secondary infection, worsening of pre-existing conditions, exacerbation of unknown underlying disease processes, and in rare cases, death. I further understand that when agreed services or procedures are performed, unforeseen conditions may arise necessitating implementation of additional services, procedures, or medications (drugs) along with the associated fees for those necessary services.
* All potential diagnoses; treatment option(s); risks and benefits of treatment option(s); and potential medical outcomes have been explained to me. I understand and accept the proposed treatment plan(s) recommended. I understand that any recommendation or treatment plan does not guarantee a resolution or cure of my pet’s ailment or condition, and additional examinations, consultations, diagnostics, or treatments may be necessary or ongoing for extended periods of time.
* I acknowledge that declining diagnostics, treatments, services, vaccinations, or medications may leave your pet susceptible to preventable disease(s), may worsen pre-existing conditions, may exacerbate unknown underlying disease processes, or may expose human family members to zoonotic disease(s).
* I acknowledge by a choosing a more conservative treatment plan may result in incomplete problem resolution, worsening of clinical signs, deterioration of your pet's health, or death.
* I acknowledge that any procedures, treatments, or prescribed medications may have side effects when used. Side effects have been explained, and all precautions have been taken to prevent negative consequences or side effects to the procedures and treatments performed or medications used and dispensed.
* If deemed medically appropriate, the extra-label use of drugs or medications (including human medications) or generic formulations has been disclosed, and explanation of potential differences in efficacy or side effects has been discussed by Mausbach Mobile Veterinary Care, LLC.
* I understand that treatment plan compliance and home care administered by myself or designated family or friends may be required to achieve best overall success. It is my responsibility to notify Mausbach Mobile Veterinary Care, LLC if the treatment plan is modified. I understand that changes, supplementation or alteration of prescriptions or suggested treatments may result in undesirable side effects or complications.

I hereby give my ***informed consent*** to the chosen treatment plan, diagnostics, procedures, vaccinations and/or medications (drugs) used during any home or in-clinic veterinary visit, and the medications prescribed to my pet performed by Mausbach Mobile Veterinary Care, LLC. I accept full legal and financial responsibility for all outcomes occurring from the above treatment and release Mausbach Mobile Veterinary Care, LLC from any liability. Without limiting the forgoing, Mausbach Mobile Veterinary Care, LLC disclaims any and all warranties except as expressly agreed.

Pet Owner (Financially Responsible Party) for Pet's Care:



**OR**

**By Typing My Name in the Box Below, I AUTHORIZE MMVC to use this as my *DIGITAL SIGNATURE OF AUTHORIZATION* to all Statements above:**

Mausbach Mobile Veterinary Care, LLC

Dr. Lisa Mausbach



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Please email this (digitally) signed form back to MMVC at [mobilevet@happyvetshappypets.com](mailto:mobilevet@happyvetshappypets.com) or feel free to print out and manually sign a copy which can be emailed or given to MMVC during your appointment. Please be sure to keep a (digitally) signed copy for your personal records