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STANDARD CONSENT FORM/CANCELLATION POLICY FOR VETERINARY BEHAVIOR CONSULTATIONS

Pet Owner's Name: _____

Phone number(s) for Pet Owner:

Cell _____ Home _____ Work _____

Email address for Pet Owner: _____

Co-Owner's Name (if applicable): _____

Phone number(s) for Co-Owner:

Cell _____ Home _____ Work _____

Email address for Co-Owner: _____

All reports and progress report requests will be communicated through emails from office@greatlakesvetbehavior.com. Please check one preferred contact email address.

_____ Owner _____ Co-Owner

Please add glvetbehavior@comcast.net to your safe senders list to ensure emails do not end up in your spam/junk folder.

Please check one preferred contact phone number.

_____ Owner Cell
_____ Owner Home
_____ Owner Work

_____ Co-Owner Cell
_____ Co-Owner Home
_____ Co-Owner Work

Mailing Address:

Co-Owner Mailing Address (if different)

PATIENT #1 INFORMATION:

Pet's Name: _____

Species: _____ Canine
_____ Feline

Breed: _____

Color: _____

Sex:

_____ Male
_____ Female

Neutered/Spayed:

_____ Yes
_____ No

Age/Birthdate: _____

PATIENT #2 INFORMATION (If Applicable):

Pet's Name: _____

Species: _____ Canine
_____ Feline

Breed: _____

Color: _____

Sex:

_____ Male
_____ Female

Neutered/Spayed:

_____ Yes
_____ No

Age/Birthdate: _____

Primary Care Veterinarian/Veterinary Clinic:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Referring Veterinarian/Veterinary Clinic (if different from above):

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Please read and initial the following (all required):

___ I state that I am the owner, or agent for the owner, of the above pet(s). I have the authority to consent to treatment of my pet(s) and am responsible for all payments for services.

___ All professional fees are due at the time services are rendered. Great Lakes Veterinary Behavior Consultants accepts Visa, Mastercard, personal checks (with proper ID) or cash. There will be a service charge for any check returned unpaid. We are unable to extend credit or bill you later.

___ Information, photos and/or other media of my pet(s) may be used for teaching, continuing education and/or promotional purposes. Pet owner confidentiality will be maintained.

___ I agree to Great Lakes Veterinary Behavior Consultants cancellation/no-show policy:

All Intake Assessment Appointments, Veterinary Behavior Evaluations and Recheck Appointments must be cancelled/rescheduled at least 72 hours prior to the appointment. If an Intake Assessment or Veterinary Behavior evaluation appointment is cancelled/rescheduled fewer than 72 hours prior, there will be a \$100 cancellation fee charged to the client.

If a Recheck Appointment is cancelled/rescheduled fewer than 72 hours prior, there will be a \$50 cancellation fee.

Behavior modification sessions with the trainer must be cancelled/rescheduled at least 24 hours prior to the appointment. Otherwise, there will be a \$35 cancellation fee.

If a client does not show up/is not home for their appointment, they will be charged the full appointment fee.

___ I authorize Great Lakes Veterinary Behavior Consultants, Dr. Kari Krause, and designated associates to evaluate, diagnose, recommend treatment protocols, and prescribe medication for my pet(s) in regard to behavior concerns. I understand that a complete behavioral and medical history are important components of a veterinary behavioral evaluation and agree to provide such information. I agree to pay for services rendered.

____ While we will discuss the prognosis for satisfactory/safe outcomes, I understand that successful response to treatment is not guaranteed. Behavioral problems are often very complex and multifactorial. Often, satisfactory response to treatment is determined by owner compliance and commitment to the behavior treatment plan. Therefore, this is outside of the control of Great Lakes Veterinary Behavior Consultants. While every effort will be made to discuss anticipated reactions to treatment recommendations, there may be unexpected reactions or responses to medications or other parts of treatment.

Signature of Owner

Date: _____

Signature of Co-Owner (if applicable)

Date: _____

My pet has shown signs of aggressive behavior: ____ Yes ____ No

(Aggressive behavior may include but is not limited to: lifting the lip and showing teeth, growling, barking aggressively, lunging, swatting, snapping and/or biting.)

I am seeking behavioral consultation for aggression: ____ Yes ____ No

I understand that the liability for my pet's aggressive behavior rests solely with myself. Seeking and obtaining advice and guidance from any veterinarian or other behavior professional does not transfer this liability. Furthermore, even if my pet's aggressive behavior is lessened following treatment, this does not ensure or imply that the aggressive behavior will not occur again. I understand it is my responsibility to take appropriate precautions to ensure the safety of other people (including children) and other animals my pet may come in contact with.

Signature of Owner

Date: _____

Signature of Co-Owner (if applicable)

Date: _____