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United States
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Muffin Giltinan - Estimate - 10/17/2024 3:27 PM

Client: Mary Giltinan - (781) 308-7883
Reason: echo
Estimate Pre-Tax Price: \$640.00
Estimate Post-Tax Price: \$640.00
Expiration: 1/15/2025

Procedures

Name	Quantity	Price
Ultrasound Cardiac	1	\$640.00

CONSENT FOR TREATMENT

Date: Thursday, October 17, 2024

Muffin Giltinan 2 years, MN, DOMESTIC SHORT HAIR, Feline Patient ID number: 14886

I understand the above quoted cost may vary, depending upon the extent of treatment required. A veterinarian or member of the staff will make reasonable efforts to notify me prior to any additional treatment when the actual cost is expected to exceed this estimate by 10% unless the additional treatment is required as an immediate life saving measure..

I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. My signature below certifies that I am over eighteen years of age.

The nature of these operations or procedures has been explained to me and I understand what will be done. I am aware that the practice of medicine is not an exact science and, thus, there can be no guarantees for successful treatment. I have been encouraged and given the opportunity to discuss any questions I may have regarding my pet's medical care and my questions have been answered to my satisfaction. I accept that my financial obligations remain regardless of the outcome.

I have been informed that there are certain risks and complications associated with sedation, anesthesia, and/or any operation/procedure and that the risks/complications have been explained to me. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures deemed necessary by the veterinarian. I am encouraged to discuss any concerns I have about these risks with the attending veterinarian before the procedure is initiated.

Is your pet on any medications/supplements? (If so, please list and note when they were last given.)

Please list any other concerns you would like addressed today.

IN THE UNLIKELY EVENT OF AN EMERGENCY SITUATION:

_____ I authorize the doctors and staff of Jamaica Plain Animal Clinic to perform any and all procedures deemed necessary for the well being of my pet on a continuing basis until I can be reached. This includes transporting my pet to Angell Animal Medical Center's Emergency facility for care if the attending doctor deems this the best course of action under the circumstances. I understand that I assume financial responsibility for all services rendered.

_____ I authorize the doctors and staff of Jamaica Plain Animal Clinic to perform any and all procedures deemed necessary for the well being of my pet on a continuing basis AT JAMAICA PLAIN ANIMAL CLINIC ONLY until I can be reached. However, I DECLINE having my pet transported to Angell Animal Medical Center's Emergency facility for care even if the attending doctor deems this the best course of action under the circumstances. I understand that I assume financial responsibility for all services rendered.

_____ I DECLINE any emergency treatment if complications develop during the above procedure/s.

I have read and understand this authorization and hereby accept and agree to the terms of the consent for treatment.

Signed: _____
Mary Giltinan

Best phone number to reach you at today: _____ Alt. number :
