

# Kent Veterinary Center

Dr. Judy Tubman

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[www.kentveterinarycenter.com](http://www.kentveterinarycenter.com)

## PROCEDURE ESTIMATE / DEPOSIT CONSENT FORM

Initial Estimate: \_\_\_\_\_ Deposit Required: \_\_\_\_\_ % Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Patient: \_\_\_\_\_

Markings/Color: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Tattoo: \_\_\_\_\_

Description of Procedure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize and direct the veterinarian (s) of Kent Veterinary Center to perform such diagnostic and treatment procedures as deemed advisable or necessary for my horse

The nature of the procedure (s) has been explained to me and no guarantee has been made as to the results or cure. I fully understand that there may be risk to the procedures.

I agree to pay in full for services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. Any estimate of charges or fees for presently planned procedures is only a best approximation, and the final bill may be less or greater than this amount.

I have read the conditions of this clinic and acknowledge a copy of this form if requested.

Payment in full is due when services are rendered unless previously arranged with veterinarian as stated below.

**SERVICES RENDERED MUST BE PAID  
BEFORE PATIENT CAN BE RELEASED**

The signatory has read and is bound by this agreement.

Signature of Seller, owner/duly authorized agent for the owner \_\_\_\_\_ Date \_\_\_\_\_

Veterinarian \_\_\_\_\_ Date \_\_\_\_\_