

Treatment Release Form

Client Name _____

Patient Name _____

Date _____

All animals entering the hospital must be current on vaccinations and free of external parasites or they will be treated at the owners expense.

Medications to be administered: _____

Procedures to be performed: _____

I authorize this hospital to perform the above mentioned medical procedure(s) required for the diagnosis and treatment of my pet.

I also authorize the use of appropriate anesthesia, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I understand that during the performance of the following procedure(s) unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s), or different procedure(s), than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement. I understand that I can terminate treatment at any time by contacting the attending veterinarian.

I have been advised as to the nature of the procedure(s) and the risks involved. I realize that results cannot be guaranteed and that my financial obligation remains regardless of the outcome.

I agree to pick-up my pet within five (5) days of the of the discharge date, and my pet may be considered abandoned if I do not pick my pet up within those 5 days. In my failure to recover my pet, the hospital is authorized to dispose of my pet as deemed professionally necessary.

Pets are released only during regular office hours.

Full payment is due upon release of the pet.

I have read and understand this authorization and consent.

Telephone number where the owner can be reached _____

Date in _____ Date out _____ Signed _____