



Treatment Release Form

Please Print

Pet Name _____ Client Name: Last _____, First _____
Client Phone (H) _____ (C) _____ (W) _____
Email _____

Office use only: Client ID# _____

Is the pet current in the following wellness areas: Vx (Y/N) Testing (Y/N) Preventatives (Y/N)

Client & Pet information above verified by staff member _____ Patient admitted by staff member _____

Reason for Hospitalization/Treatment _____

I understand that I must show written proof of current vaccinations for my pet administered by a licensed veterinarian (Rabies and FVRCP for cats; Rabies, Distemper/Parvo and Bordatella (CPCC requires Bordatella every 6 months) for dogs) and the pet must be free of external parasites or the pet will be vaccinated/treated at the cost to me.

I authorize Creekside Pet Care Center (CPCC) to hospitalize, perform necessary diagnostics, and treatments to and for the pet as described above. I also authorize the use of 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 and extension of the foregoing procedure(s), or different procedure(s), than those set forth. 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 personal judgement.

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 understand that no CPCC staff member will be on the premises between the hours of 7:00pm and 7:00am and that as such all animals at CPCC will be unsupervised overnight.

I understand that all patients will be triaged and the most critical patients will be treated first. Pets being rechecked or who are otherwise healthy may be seen late in the day after sick and or injured patients, and we cannot guarantee any particular discharge time for the patient. I understand that a staff member will notify me by phone when my pet is ready for discharge.

I understand that I will be presented with a detailed medical care plan describing all procedures and associated costs at the time my pet is presented for treatment. I will carefully review and sign this plan, and understand that I will be responsible for all costs which will be paid following services being rendered prior to the discharge of my pet from the facility.

I have read and understand this authorization and consent.

Will anyone other than you be picking up your pet? If "Yes" please list name: _____

Contact Phone # 1) _____ # 2) _____

3) _____ # 4) _____

Signed _____ Dated _____

PLEASE DO NOT SIGN WITHOUT READING FORM

Post exam call by _____ RTG call by _____ **Discharge done: Tech initials** _____ **Client initials** _____