

MainStreet Veterinarians of Stone Mountain

**Treatment Release Form**

All animals entering the hospital must be current on vaccinations and free of external parasites or they will be treated at the owner's 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 judgment. 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 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 (initials): \_\_\_\_\_

Telephone number where the owner can be reached today: \_\_\_\_\_

Date in \_\_\_\_\_ Date out \_\_\_\_\_

Signed \_\_\_\_\_

(To be signed by pet owner or responsible party)