

Hickory Veterinary Hospital, LLC
100 Kegman Road W
Chesapeake, VA 23322

Treatment Release Form

Patient:	Species:	Age:	Owner:
Sex:	Breed:	Address:	
Color:	Weight:		Phone:
ID:	Rabies:	Microchip:	

NOTE: All animals entering the hospital must be current on the following vaccinations:
Dogs: must have current Rabies vaccine, and must be fully vaccinated within the past 12 months with DACPP and Bordatella.
Cats: must have current Rabies vaccine, and must be fully vaccinated with the past 12 months with FVRCP and FELV.

Medications to be administered: _____

Procedures to be performed: _____

I authorize this hospital to perform the medical procedure(s) named above 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 prescribed procedure(s) unforeseen conditions may be revealed that necessitate an extension of the procedure(s), or different procedure(s), than those listed above. I hereby consent to and authorize the performance of such procedure(s) determined to be necessary and desirable in the exercise of the veterinarian's professional judgement. I understand 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 with five (5) days of the discharge date, and my pet may be considered abandoned if I do not pick my pet up within those five days. If I fail to recover my pet, the hospital is authorized to dispose of my pet as deemed professionally necessary. Pets are released only during regular business hours.

Full payment is due upon release of the pet.

I have read and understand this authorization and consent.

Telephone number where owner/responsible party may be reached: _____

Signature _____ Date _____

