



AUSTINBURG
VETERINARY CLINIC

Release Form

Owner's Name:

Date:

Address:

Phone:

Animal Name:

Sex:

Reg. ID:

Breed:

Date of Birth:

Color:

Age:

Weight:

I, the undersigned owner, owner's agent or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am/I am not (circle one) over eighteen years of age, and hereby consent to the examination of this pet by staff veterinarians at Austinburg Veterinary Clinic. I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize and/or perform surgery on this animal. I understand that some risks always exist with anesthesia and /or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian be unable to reach me, the hospital's staff has my permission to provide such treatment and I agree to pay for such care.

I understand that an estimate of the costs for veterinary services is _____ and that I am encouraged to discuss all fees attendant to such care before services are rendered and during this pet's ongoing medical treatment. I also understand that actual charges may vary due to a prolonged hospital stay, complications or changes in my pet's condition. I agree to pay a deposit of _____ and assume financial responsibility for the balance of all services rendered on a cash, credit card or check basis at the time the pet is discharged from the hospital. In the event the pet is hospitalized for more than 24 hours and the attending doctor is unable to reach me, I understand it is my responsibility to call the hospital at least every 24 hours to inquire as to the medical status of this animal and the fees incurred for medical services up to that day. In the event of an open balance, I agree to pay a monthly billing and financing fee equal to 1.5% of the unpaid balance.

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. I agree that either I, or an authorized agent of mine, will pick up this pet and pay for all accrued charges within 5 days after receiving written or oral notification that this animal is ready to be released from the hospital. Such notice will be given at the address maintained on the hospital's patient/client record or the address listed in my record. I agree that if I fail to comply with this policy, the Austinburg Veterinary Clinic may handle this abandonment in the best interests of the animal and the hospital.

Owner or Agent's Signature

Number where owner can be reached

_____ Deposit Yes No _____
Technician/Client Specialist Date