

HOSPITALIZATION RELEASE FORM

OWNERS'S NAME _____
PHONE _____ EMERGENCY# _____
ADDRESS _____
PET'S NAME _____
BREED _____ SEX _____ AGE _____ COLOR _____

I HEREBY AUTHORIZE THE PATUXENT VALLEY ANIMAL HOSPITAL STAFF TO HOSPITALIZE, BOARD, ADMINISTER MEDICATION, VACCINATIONS, GENERAL ANESTHETICS, AND TO PERFORM ANY SURGICAL PROCEDURE DEEMED NECESSARY TO TREAT THE ABOVE DESCRIBED ANIMAL AND ANY OTHER ANIMALS I OWN. THIS AUTHORIZATION APPLIES TO EACH TIME SAID ANIMAL IS BROUGHT IN FOR CARE BY PVAH.

I RELEASE THE HOSPITAL FROM ANY LOSS OR EXPENSE THESE ACTIONS MIGHT INCUR UPON ME, PROVIDED SAID ACTIONS ARE NECESSARY TO PRESERVE LIFE OR HEALTH OF SAID ANIMAL.

THE PATUXENT VALLEY ANIMAL HOSPITAL SHALL INFORM ME OF ANY ADDITIONAL EXPENSE, OTHER THAN FEES ESTIMATED, SHOULD CIRCUMSTANCES PERMIT; OTHERWISE EMERGENCY PROCEDURES WILL BE CARRIED OUT AND THE DOCTOR WILL INFORM ME AS SOON AS POSSIBLE.

PATIENTS ARE CLOSELY SUPERVISED DURING HOURS THE HOSPITAL IS STAFFED; SPECIAL ARRANGEMENTS CAN BE MADE FOR DIRECT SUPERVISION DURING NON-HOSPITAL HOURS. WE DO NOT PROVIDE 24 HOUR SUPERVISION.

I REALIZE THAT MY PET WILL BE DISCHARGED ONLY DURING REGULAR HOSPITAL HOURS, AND THAT THE BALANCE OF THE FEE(S) DUE FOR THE PATIENT WILL BE PAID IN FULL AT THE TIME OF DISCHARGE.

IT IS MY RESPONSIBILITY TO CALL THE HOSPITAL TO DETERMINE MY PET'S PROGRESS, OR WHEN IT IS READY FOR RELEASE. IF I NEGLECT TO PICK UP THE ANIMAL WITHIN SEVEN DAYS OF MAILING OF WRITTEN NOTICE THAT IT IS READY FOR RELEASE, YOU MAY CONSIDER THE PET ABANDONED AND MAY DISPOSE OF IT AS YOU SEE FIT. I DO, HOWEVER, IN THE EVENT AGREE TO PAY ALL CHARGES INCURRED FOR ITS CARE UNTIL IT IS DISPOSED OF.

TERMS OF RELEASE ACCEPTED BY: _____

DATE _____
DATE _____
DATE _____
DATE _____
DATE _____