

Treatment Release Form

Client Name: _____

Today's Phone #: _____

Patient's Name: _____

Today's Date: _____

Reason for visit (Be as specific as possible. Include when symptoms were first noticed, whether the problem is worsening or improving, and any other information that might be helpful):

I understand that current bordetella (dogs only), distemper, and rabies vaccines are required for all pets before admission to the hospital. For those pets not current, vaccines will be updated as long as it is deemed safe and advisable by a veterinarian.

I certify that my pet is free of all external parasites upon signing this release. If parasites, such as ticks or fleas, are found, I understand that my animal will be treated on admission for an additional cost.

Other services desired at additional cost: (Please check all that apply)

_____ Annual Package (includes all vaccines, heartworm and fecal tests)

_____ Distemper Vaccine

_____ Feline Leukemia/Aids Test

_____ Rabies Vaccine

_____ Feline Leukemia Vaccine

_____ Bordetella Vaccine

_____ Nail Trim

_____ Lyme Vaccine

_____ Anal Gland Expression

_____ Heartworm Test

_____ Bath only

_____ Fecal Test

_____ Deluxe Bath (includes nail trim, ear cleaning, anal gland expression)

_____ Flea Treatment

Medication refill (Doctor's approval is required.) Name of medication: _____

I hereby authorize the doctors and staff at Hilltop Animal Hospital to perform procedures deemed advisable for the above-described condition. In case of an emergency situation, an attempt will be made to reach me but I understand that the veterinarians are authorized to perform any necessary procedures if they are unable to contact me. I will strive to remain available at the phone number given.

Signature of Authorized Agent

Printed name

Date