

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 and a current fecal test are required for all pets before admission to the hospital. For those pets not current, vaccines and a fecal test 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

_____ Fecal Test

_____ 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