

Brisbane Veterinary Services

Medical Release Form

Owner's name: <first-and-spouse> <client>

Address: <address>

<city>, <st> <zip>

Phone: <phone>

<ANIMAL>'s CURRENT WEIGHT _____

Animal's name: <animal> <patient-record-id>

Sex: <sex-name>

Date of Birth: <birthday>

Color: <color>

Species: <species>

Breed: <breed>

Emergency # _____

<treatments>

Thank you for bringing <animal> in today! This information will be used for our veterinary staff to get a better, more complete medical history and try to get <animal> taken care of as efficiently as possible.

Reason for Visit Today (check all that apply)

- Vaccines
- Dental
- Spay or Neuter
- Other Surgical Procedure _____
- Illness
 - o Description _____
 - o Duration _____
- Injury
 - o Description _____
 - o When did injury occur _____

Any Other Concerns (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Abnormal eating | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Abnormal drinking | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Weight loss | <input type="checkbox"/> Urination issues |
| <input type="checkbox"/> Weight gain | <input type="checkbox"/> Masses/skin issues |
| <input type="checkbox"/> Itching/scratching | <input type="checkbox"/> Other _____ |

Has <animal> ever had any adverse reactions to medications or vaccines to your knowledge?

Yes

No

If so, describe _____

Is <animal> currently taking any medications?

Yes

No

List any medications _____

I certify that I am the owner or representative of owner for the above animal and I authorize Brisbane Veterinary Services and its staff to hospitalize my pet and to administer vaccinations, medications, test, surgical procedures, anesthetics or any treatments that the doctor deems necessary for the health and safety of the above animal while it is under their care. I understand, if my pet is found to have fleas, that Brisbane Veterinary Services will need to treat appropriately so other animals in our care will not become infested.

If my pet should injure itself in an attempt to escape, refuse food, become ill or die while in the care of Brisbane Veterinary Services, I will not hold the clinic or its staff liable. If I neglect to pick up the animal within five days of written notice that it is ready for release, mailed to the above address, Brisbane Veterinary Services may assume that the pet is abandoned and is authorized to dispose of the animal as they see fit. Abandonment does not release me from my obligations to pay the bill.

I realize that I am responsible for payment in full at the time of discharge. I further agree that in case of nonpayment, a finance charge of 1.5% per month will be charged and that any collection fees or attorney fees will be paid by me.

If my pet is having a surgical procedure, anesthesia must be metabolized (broken down) by the liver and kidneys. It is recommended that bloodwork be performed prior to anesthesia to ensure proper function of these organs. Bloodwork will not guarantee that there are no anesthetic or surgical risks; however, it provides better insight to your pet's general health. Please **initial one** of the following options authorizing bloodwork.

- YES, I would like my pet to have bloodwork for a fee of _____
- NO, I do not want my pet to have bloodwork.

We will always try to contact you should your pet become ill while in our care. In the event that we cannot reach you, please **initial one** of the following options authorizing medical treatment.

- A. I authorize any medical treatment deemed necessary.
- B. I authorize treatment if the expense does NOT exceed \$250.
- C. Do not do ANY treatment if I am unable to be contacted.

Owners / Agent Signature: _____

Date: _____

Admitted by: _____