



GENERAL RELEASE FORM

CLIENT NAME: _____

PATIENT NAME: _____

I certify that I own, or am the legal representative, and I take full responsibility for the above-described animal. I do hereby consent and authorize HealthPointe Veterinary Clinic and its staff to transport and hospitalize this animal and to administer vaccinations, medications, tests, surgical procedures, anesthetics or treatments that the doctors deem necessary for the health, safety, and well-being of the above animal while it is under their care and supervision.

If this animal should be injured in an escape attempt, refuse food, soil itself, become ill or die while in this clinic, I will hold HealthPointe Veterinary Clinic free of any responsibility and/or liability in the absence of gross negligence.

I further realize that I am responsible for payment in full for any procedures and treatments at the time the animal is discharged. If I fail to pick up the animal on the day of treatment I will pay the current rate charged for boarding of similar animals at HealthPointe Veterinary Clinic. If the animal becomes deceased, and I fail to take position of the remains within 3 business days HealthPointe Veterinary Clinic has authorization to have the remains cremated, without return, at my expense. If I neglect to pick up the animal within five (5) days of notice that it is ready for release in writing and mailed to the address below, HealthPointe Veterinary Clinic may assume that the pet is abandoned. HealthPointe Veterinary Clinic is then authorized to dispose of the animal as it sees fit. Abandonment does not release me of my obligation of payment in full.

____Int. NOTE: ALL ANIMALS THAT REQUIRE VACCINES MUST BE CURRENT. (DOGS: RABIES, DHPP AND BORDETELLA. CATS: FVRCP AND RABIES, FERRETS: DISTEMPER AND RABIES) Vaccines must be given by licensed veterinarian and pets must be free of external parasites (fleas, ticks, and/or mites). Documentation that vaccinations are current is the responsibility of the owner. Any animal not current on vaccinations will be vaccinated at the Owner’s expense. Any animal having external parasites (fleas and ticks) will also be treated at the expense of the Owner.

____Int. I agree to have my pet’s image and name used with no medical information shared (eg. Costume contest, pet of the week, or welcome new patient) and I agree to have my pet’s medical images shared for educational purposes with no identifying information.

EMERGENCY CONTACT NUMBERS: _____ - _____ - _____ CALL/TEXT _____ - _____ - _____

Signature of Owner or Owner’s Representative: _____ Date: _____