

RELEASE FORM

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

LAST 4 SOC SEC# \_\_\_\_\_ DRIVERS LICENSE# \_\_\_\_\_ STATE \_\_\_\_\_

EMAIL \_\_\_\_\_ CELL PHONE PROVIDER \_\_\_\_\_

TELEPHONE HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

CO-OWNER LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

SOC SEC# \_\_\_\_\_ DRIVERS LICENSE# \_\_\_\_\_ STATE \_\_\_\_\_

EMAIL \_\_\_\_\_

TELEPHONE HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

ANIMALS NAME \_\_\_\_\_ BIRTHDAY/AGE \_\_\_\_\_ BREED \_\_\_\_\_ COLOR \_\_\_\_\_

CAT \_\_\_ DOG \_\_\_ BOVINE \_\_\_ EQUINE \_\_\_ OTHER \_\_\_\_\_ SEX \_\_\_\_\_ SPAYED---NEUTERED

I hereby consent and authorize you, Doctor Nelson, to receive, prescribe for, treat, or operate upon my animal. You are to use all reasonable precautions against injury, escape, or destruction of the animal(s), but you will not be held liable or responsible in any manner whatever, or any circumstances, on account of the care, treatment, or safe keeping of the animal(s) above described, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks.

In the case that an animal is not picked up after it is released from treatment, written notice will be mailed to the address above to remove the animal(s). Five days after such written notice, the animal(s) will be considered abandoned and may be disposed of, or destroyed, as you deem best, and it is understood that your so doing does not relieve me from paying all cost of your service and the use of your hospital, including the cost of boarding.

No guarantee of medicines or treatment can ethically be given and none is implied.

In the event legal proceedings are necessary in order to collect on the amount owed by me to you, I hereby agree that I will be responsible for payment of a reasonable attorney's fee, court cost, filing fees, and any other costs reasonably related to collection from me. I further agree that in the event collection proceedings are instituted, that I will be responsible for payment of interest on the amount due at the rate of twenty-four percent (24%) per annum from the initial date of the medical service.

I have read the foregoing and agree:

Signature of owner/responsible party (Must be 18 or over) \_\_\_\_\_

DATE \_\_\_\_\_

I have received a copy of the LV-SM Veterinary Hospital policy. \_\_\_\_\_ (Initial)