



Forney Animal Hospital



TREATMENT RELEASE FORM

Owner's Name: _____

Pet's Name: _____

Pet's Name: _____

Pet's Name: _____

PLEASE INITIAL

___ **I understand the responsibility of payment is mine. I further understand that payment is due at the time service(s) is/are rendered.**

___ **I hereby authorize Forney Animal Hospital to administer the following treatment during my absence:**

___ **Forney Animal Hospital will call the phone number listed below when pet is ready for pick up**

___ **I hereby authorize _____ to pick up my pet in the event that I am unable to do so.**

Initial ONE of the following options in the event that you cannot be notified:

___ I will be financially responsible for all necessary treatment needed for my pet.

___ DO NOT do any treatment, until I have been notified at the phone number below. I am aware that if I cannot be reached, no treatment will be initiated unless it is an emergency situation.

Signature of responsible party

Date

Phone # where you can be reached today.

****IMPORTANT**- Forney Animal Clinic is CLOSED EVERY Tuesday from 12pm-2pm for a meeting. Please make appropriate pickup arrangements for your pet if this day applies.**