

Abbott Valley Veterinary Center, Inc.
4232 Diamond Hill Road
Cumberland, RI 02864

(401) 334-2765

HOSPITAL RELEASE AUTHORIZATION for -

I hereby authorize Abbott Valley Veterinary Center, Inc., its employees representatives or agents, to receive, hospitalize, care for, vaccinate, prescribe for, medicate, test, bathe, sedate, anesthetize and/or operate upon the above animal as they deem necessary for the health, safety, or well-being of the above animal.

I understand that all reasonable precautions against injury, escape or death of the above animal will be used; however, I also understand that certain inherent risks are involved in the carrying out of any medical procedure or handling of an animal which are beyond the control of the person(s) involved. In the absence of gross negligence, I thoroughly understand that I assume certain risks and will not hold Abbott Valley Veterinary Center, Inc., its employees, representatives or agents liable or responsible in any manner or circumstances for these risks. I also understand that there is not continuous supervision provided for animals hospitalized overnight.

I further agree to make prompt and complete payment upon discharge of the above animal. I understand that if I neglect to pick up the above animal within five (5) days of written notification to the above address that said animal will be considered abandoned and may be disposed of, or humanely euthanized as you deem best and that in so doing does not relieve me from my financial obligation.

I further understand and agree that in case of non-payment I will be subject to all billing and/or finance charges associated with my account. Should it become necessary to settle my account through a collection agency or attorney, I, the undersigned, agree to pay all costs of collection.

Procedure(s) to be performed: _____

SIGNED: _____ DATE: _____

Phone number you can be reached at today: _____