

**CITRUS ANIMAL CLINIC
TREATMENT RELEASE FORM**

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described below, and that I do hereby grant the doctor, his/her agents, employees, and representatives, full and complete authority to perform diagnostic testing and to perform any other procedure(s) that, at the doctors discretion, may be useful to promote the health of the below described pet. I accept full responsibility for the fees generated by such services, and realize that they are due and payable at the time the animal is released from the hospital (a deposit may be required prior to services).

Reason for Visit/Complaint: _____

Please list any Medications or Supplements your pet is taking: _____

Last time Medications or Supplements were given: _____

Do you ever give your pet aspirin?: Yes No Last time given: _____

When was the last time your pet ate? _____

When was the last time your pet drank water? _____

Appetite: Normal Decreased Increased

Water Intake: Normal Decreased Increased

Urination: Normal Decreased Increased

Activity: Normal Decreased Increased

Mobility: Normal Decreased Inability to Stand Inability to Jump

PAYMENT POLICY

All fees must be paid in full at the time services are performed or upon discharge from the hospital. Any exception to this policy must be authorized **PRIOR** to the performance of any service. We accept cash, checks (with ID), MasterCard, Visa, American Express and Discover for your convenience.

Client's Name: _____

Telephone: _____

Pet's Name: _____ Breed: _____

Signature: _____ Date: _____

(owner or agent of owner)