

HOSPITALIZATION AND SURGICAL RELEASE FORM

Owner's Name: _____ Date: _____

Animal's Name: _____

I certify that I own the animal named above. I consent and authorize Montgomery Animal Hospital and its staff to hospitalize my pet and to administer whatever tests, anesthetics, surgical procedures, treatments and medications that the doctors deem necessary for the health, safety and well-being of my pet while it is under their supervision and care.

If my pet should injure itself in an escape attempt, refuse to eat, soil itself, become ill or die while in the hospital, I agree not to hold Montgomery Animal Hospital and its staff responsible and/or liable in the absence of gross negligence. I agree not to hold Montgomery Animal Hospital and its staff responsible for complications caused by my animal's postoperative over activity, scratching, chewing or rubbing at his/her surgical site. If repairs for such activities are required, I agree to pay for all costs needed to repair any self-inflicted, postoperative damage.

I further agree that I am responsible to pay in full for the listed procedures/treatments at the time my pet is discharged. If I fail to pick up my pet within five (5) days of receiving written notice mailed to my address on record, Montgomery Animal Hospital may consider my pet to have been "abandoned" by me. The hospital then has my permission to dispose of my pet as it sees fit. I understand that "abandonment" does not release me from my obligation to pay my pet's bill including any extra costs incurred due to my "abandonment".

I further agree that in the case of nonpayment of my pet's bill, a finance charge of 1-1/2% per month (18% annum) will be charged on the unpaid balance, and that the finance charge and any collection fees incurred by the hospital will be paid by me.

PROCEDURE: _____

Signed: _____

Contact Telephone Number: _____

Last date & time my pet was given any food item (ie: meal, snack, biscuit): _____

Pet's Name: _____

IMPORTANT!

WE ARE NOT RESPONSIBLE FOR ANY ITEMS BROUGHT THAT ARE NOT LISTED BELOW.

Feeding Instructions / Belongings to go back home

If your pet is spending one or more nights in our hospital for boarding, surgery, medical reasons, etc. please (A) indicate your feeding instructions and (B) list any items brought to us that are to be given back to you at discharge.

OWNER'S NAME _____

DATE AND TIME OF PICKUP _____

We feed Purina EN Gastroenteric Canine Formula and Purina Cat Chow. Please put a checkmark below to indicate your preference:

Dry Only Canned Only Both Dry & Canned Owner Supplied

Morning Evening Both Morning and Evening

How much do you feed your pet per meal? _____

Does your pet have any allergies or food restrictions? _____

Pet's Name: _____

MEDICATIONS BROUGHT FROM HOME:

Name of Medication	Strength	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER ITEMS BROUGHT FROM HOME - PLEASE LIST BELOW:

Note: We provide blankets for runs & cages, toys and treats. It's not necessary to bring these items.

_____ Check here if nothing was brought _____