



Abbey Animal Hospital  
1949 Lynnhaven Parkway  
Virginia Beach, VA 23453  
(757) 471-1003

OFFICE USE ONLY  
Witness: \_\_\_\_\_

### PROCEDURE RELEASE FORM

I hereby authorize Abbey Animal Hospital to receive and provide care for my pet \_\_\_\_\_ . I understand that all precautions will be taken to ensure the safety and the health of my pet during his/her stay.

I also understand that every attempt will be made by the doctors and staff to notify me prior to additional medical treatment or cost. If, however, I can not be reached, I **DO/DO NOT** (please circle one) authorize Abbey Animal Hospital to perform the necessary procedures for my pet at our discretion. I assume full responsibility for all medical expenses incurred during my pet's stay. If authorizing treatment, I authorize up to \$\_\_\_\_\_ for treatment costs. X\_\_\_\_\_ (initials)

Boarding charges will accrue if my pet is left overnight after being notified that he/she is ready to go home. If I neglect to pick up my pet within 5 days of written notice, Abbey Animal Hospital may assume that the animal has been abandoned if they have not heard from me. Abandonment, however, does not release me of my obligation for payment of said bill. I also understand that I will be responsible for the payment for every day that my pet is at Abbey Animal Hospital. X\_\_\_\_\_ (initials)

For pets needing sedation, I understand that all anesthesia involves some risk to my pet including (very rarely) death and unforeseen complications. X\_\_\_\_\_ (initials)

To prevent the spread of infectious diseases and parasites, **ALL OWNERS MUST PROVIDE PROOF OF ALL VACCINES AND BE FREE OF ALL INTERNAL & EXTERNAL PARASITES INCLUDING FLEAS. I AUTHORIZE THE DOCTOR TO UPDATE ANY REQUIRED VACCINES AND TESTS, IF I FAIL TO PROVIDE PROPER PROOF. PARASITE CONTROL WILL BE PROVIDED AS NEEDED FOR MY PET AT MY EXPENSE.** X\_\_\_\_\_ (initials)

I have requested the following procedure and/or treatment for my pet:

\_\_\_\_\_ X\_\_\_\_\_ (initials)

\_\_\_\_\_ X\_\_\_\_\_ (initials)

X\_\_\_\_\_ (initials) I have read all the above information and I understand and accept all the risks and responsibility involved.

X\_\_\_\_\_ (initials) I understand that to ensure a **flea-free** environment, should any fleas be found on my pet, Abbey Animal Hospital **will give a capstar** in house and I understand that **additional costs may apply**.

\_\_\_\_\_ PHONE NUMBER OR \_\_\_\_\_ 2<sup>nd</sup> CONTACT #

\_\_\_\_\_ SIGNATURE (must be 18 years of age or older) \_\_\_\_\_ DATE