Woodland Animal Clinic
1501 S. Woodland Blvd
DeLand, Fl 32720
386-734-1763

Radiograph Release Form

Clients name _____

I accept custody of _____ (number) original radiographs taken of my pet so that they
can be transported to Dr. _____ at
_____
(name and telephone number of veterinary practice) for the purpose of consultation and/or
additional veterinary care.

I understand that these films are the property of this practice and that they will be returned directly to this hospital by _____ staff or by me after review
by this person or practice. I hereby accept the responsibility of returning these films to this facility. I accept that if I, or the subsequent veterinary practice, fail to return these films, I am releasing the attending veterinarian and this veterinary practice of all legal liability for any charges of negligence, incompetence or fraud that might be defended had these films been returned.

_____ _____
Pets name Case number