



Cypress Falls Animal Hospital
9405 Huffmeister Rd Suite 170
Houston, TX 77095
(281) 858-7700 Fax: (281) 401-9676
www.cypressfallsah.com

Treatment Release Form

Date: _____ **Patient Name:** _____ **Client Name:** _____

Reason for visit: _____

I, being the responsible party for the above patient, have the authority to grant you my consent to receive, prescribe for, and/or treat said patient.

I understand that the contemplated treatment is:

I understand that Cypress Falls Animal Hospital will use all reasonable precautions against injury, escape or demise of this patient. However, I will not hold the hospital or its agents liable or responsible in any manner whatever for any circumstances on account of the care, treatment, or safekeeping of this pet or otherwise in connection therewith, as it is thoroughly understood that I assume all risks not due to negligence on the part of Cypress Falls Animal Hospital.

I understand that if this pet is not current on vaccinations as per hospital policy this will be done upon hospitalization and added to the cost of the above described procedures.

I also understand that conditions not known may make it advisable that other treatment or surgery be done and I authorize such other treatment or surgery when and if they are deemed advisable.

I consent to the administration of such anesthesia as may be deemed proper by the doctor.

My pet last ate approximately: date _____ **time** _____ **amount** _____

I acknowledge that no assurance or guarantee has been made as to the results of treatment or surgery and that risk and probabilities of complications exist in any medical or surgical treatment.

I understand that I may request an estimate of proposed treatments, but that the final cost will reflect the actual procedures and treatments incurred.

All charges, including boarding costs, shall be paid when pet is released from the hospital. If the pet is not picked up within 10 days after the specified time of owner's return and if the doctor is not notified in writing of an alternate pickup date within the same 10 day period, the pet will be considered abandoned and may be disposed of as the doctor sees fit. It is understood that this does not relieve me from paying all costs incurred at the hospital, including the cost of boarding.

After carefully reading the above, I have signed in agreement.

_____ **Date**

Signature of owner or owner's agent

Phone (where you can be reached today): _____