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Annandale, VA 22003

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## COLUMBIA PIKE ANIMAL HOSPITAL Drop-Off Release

Owner's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**I request that Columbia Pike Animal Hospital (CPAH) hospitalize my pet for the purposes of:**

\_\_\_\_\_

**Describe all treatment requested:** \_\_\_\_\_

\_\_\_\_\_

**Additional treatment:** If my animal's condition changes in such a way that additional treatment is required, every effort will be made to contact me. If I cannot be reached, I authorize CPAH to perform such additional treatment as deemed necessary by the attending veterinarian. If verification of Vaccinations cannot be obtained, CPAH will administer any necessary or required vaccinations.

X \_\_\_\_\_

May we sedate/anesthetize your pet if necessary?

Yes

No

Call you First

Phone number we may reach you at today? \_\_\_\_\_

**Owner Release:** Columbia Pike Animal Hospital will use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff WILL NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I am absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense involved. I agree to pay for all services rendered at the time my pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for reasonable costs of collection, attorney fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the Hospital is located. If I neglect to pick up my pet within 5 days of the date below and do not notify a Hospital Manager/Supervisor within that time frame, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best or necessary.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_