Admiral Veterinary Hospital

204 N. Watt Road = Farragut, TN 37934 = 865-675-1833

Owner Name:

Today's Date _____ Date of Pick Up _____

Emergency Contact _____ Phone _____

Pet Name (s)	Medication	Special Instructions
1)_____	Y__ N__	_____
2)_____	Y__ N__	_____

Medical Illness Policy

If your pet(s) become ill, we will call the emergency number listed above regarding your pet(s) symptoms, treatment options, and estimate of additional costs. If no one can be reached however, we will perform the minimal necessary treatments to relieve immediate discomfort or to resolve an important "emergency" medical condition. This includes only non-elective treatments and necessary diagnostics.

I, hereby authorize Admiral Veterinary Hospital, assigned doctors and/or staff , to administer treatment as they consider therapeutically and/or diagnostically necessary on my pets. I also consent to the administration of such anesthetics, as are necessary and surgical procedures of an emergency nature. I have read and understand this agreement. I fully intend to pick up my pet(s) on the above specified date. If circumstances change, I will notify Admiral Veterinary Hospital of a new pick-up date. I, hereby release Admiral Veterinary Hospital, assigned doctors, and staff from all claims, legal or equitable, arising out of the treatment rendered by Admiral Veterinary Hospital, and affirm that no guarantee or assurance has been made as to the results that may be obtained. I have read and understand the above.

_____ _____

Date Owner/Responsible Agent Signature

For clinic use only:

o Form complete o Charges Entered o Chart Entered o Belongings Marked