

Branch's Veterinary Clinic

205 Belmont Ave
Tifton, GA 31794

Phone: (229) 382-6055

Fax: (229) 382-3544

email: branchvet@friendlycity.net

Treatment Release Form

Client Name: _____ Pet Name: _____

Procedures being performed: _____

Estimate: **YES** **NO** Amount: _____ Deposit (amount/type): _____

Date: ____ / ____ / ____

****What phone number can we reach you at today??** _____
(It is important we reach you in case of an emergency...or we treat as minimally necessary at your expense)

Please read the following information carefully. Make sure you fully understand your pets' condition and the treatment that it entails **BEFORE signing this form and leaving the clinic. It is very important that you ask any and all questions that you might have before agreeing to any treatment option. If an estimate was not offered to you and you would like one to be given before having your pet treated, **PLEASE ASK FOR ONE BEFORE SIGNING THIS FORM AND LEAVING THE HOSPITAL!!!!** Otherwise, the tests and treatments agreed to verbally between you and the doctor will be carried out without question and you will be responsible for any and all charges developing from that verbal agreement.

Please make sure that you leave a current and **VALID phone number with us so that we can contact you in case of an emergency or if we have any additional questions. You may not be asked for your current number, so it is your responsibility to make sure that we have one before you leave the clinic! If we cannot contact you at the number left with us, then we may be unable to properly treat your pet in the event of an emergency or if complications arise with current treatment protocol agreed to. In the event that we are unable to reach you during such a time, your pet will be treated as deemed medically appropriate by the doctor in charge and you will be responsible for all charges associated with this additional treatment.

**Visiting hours for our hospital are between 9am and 5pm during most days. Please understand that for the sake of our staff and the other patients in the hospital, we must limit your visitations to once daily. Thank you for understanding!!

PLEASE NOTE:

1. All animals are **REQUIRED BY LAW** to be current on their **RABIES** vaccination (within 1 year of the last rabies vaccination). If proof of vaccination is not available and the doctor determines it to be medically appropriate, animals will be vaccinated for Rabies at your expense. This is non-negotiable, it is the law.
2. Branch's Veterinary Clinic has a **NO CHARGING, NO BILLING** policy. This means that all **FEES MUST BE PAID IN FULL** when services are rendered. Payments may include: cash, check, credit card, Scratchpay or Care Credit. If you are unsure of the cost of your procedure or are concerned with the amount of fees being charged, please notify the receptionist/doctor **BEFORE** signing this form.

Authorization for Treatment

I hereby authorize Branch's Veterinary Clinic to perform the diagnostic, therapeutic and/or surgical procedures named above. The cost and nature of such services has been described to my satisfaction and I realize that no guarantee or warranty can be made, ethically or professionally, regarding the results/outcome of the procedure. I realize that the results of a treatment/procedure cannot be guaranteed and that I will be financially obligated to pay for any treatments/procedures done to my pet despite the outcome. I understand that I can terminate treatment at any time by contacting the attending veterinarian.

I authorize Branch's Veterinary Clinic to treat my pet in case of an emergency. I understand that the staff will contact me as soon as possible regarding the emergency and that I will be responsible for any additional charges that may result from this emergency.

I understand that any estimates given for services are only an estimated price. I acknowledge that Branch's Veterinary Clinic attempts to give as accurate of an estimate as possible; however, I understand that there may be unforeseen complications and further treatment may be necessary during or following the procedure. If I am unable to be reached for question at the number I have left, I understand that the veterinarians at Branch's Veterinary Clinic will use their professional judgment with regards to the treatment of my pet and that this may result in additional charges.

I am the owner/agent of the animal presented here today. I accept and assume full and total financial responsibility for any and all service rendered. Understand the **PAYMENT IS DUE IN FULL WHEN SERVICES ARE RENDERED** and that my veterinarian has the authority to keep my pet until all charges are paid in full. I agree to pick up my pet within 10 days of the discharge date and I understand that failure to do so will indicate abandonment of my pet, and my pet will become property of Branch's Veterinary Clinic. I understand that if I am unable to pick up my pet within the designated time, I will contact Branch's Veterinary Clinic and make arrangements for a continued stay.

Owner/Agent's Name (printed):

Date: / /

Owner/Agent's Signature: