

Tidewater Trail Animal Hospital

10839 Tidewater Trail

Fredericksburg, VA 22408

540-361-7050

Ttahoffice2@verizon.net

**Hospital Release Form**

**Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Procedure/Treatment:

Current medications (please include name, dose and frequency given):

When were they last given:

**PREANESTHETIC BLOODWORK IS PERFORMED ON ALL ANIMALS PRIOR TO ANY ANESTHETIC PROCEDURE!**

Microchip: We recommend microchipping your pet. It is an inexpensive way of

permanently identifying your pet. It can be done at any time.

Accept\_\_\_\_ Decline\_\_\_\_

FeLV/FIV test (cats): Feline leukemia and FIV are highly contagious and potentially fatal diseases. We recommend testing all cats who have not been tested previously and those at risk of exposure.

Accept\_\_\_\_\_ Decline\_\_\_\_

Heartworm test (Dogs) Heartworms are transmitted through the bite of a mosquito. All dogs in Virginia

OVER 9 MONTHS: are at risk, regardless of their lifestyle. We recommend yearly testing and year-round monthly preventative

Accept\_\_\_\_\_\_ Decline \_\_\_\_

DENTALS ONLY: Do you wish to called prior to any extractions? Yes \_\_ No \_\_

May we have your permission to extract teeth if we can’t reach you?

Yes \_\_\_ No \_\_\_

I hereby authorize and direct Tidewater Trail Animal Hospital to perform the above procedures

as deemed advisable or necessary for my pet. I understand that during the course of the

procedure unforeseen conditions may be revealed that necessitate an extension or variance of

the procedure. I expect Tidewater Trail Animal Hospital and its doctors to use reasonable care

and judgement in performing these procedures. I understand the nature of the procedure and

the risks involved. I also understand that results cannot be guaranteed. I am aware that

unforeseen events related to the procedure will not relieve me from any obligation to all

reasonable costs incurred regarding the patient.

Signature of owner/agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_