



HOUSTON VETERINARY HOSPITAL

HOSPITALIZATION RELEASE FORM

Owner: _____ Date: _____

Phone: _____

Patient: _____ Date of Birth: _____

Breed: _____ Sex: _____ Color: _____

REASON FOR ADMITTANCE: _____

I hereby authorize and direct the veterinarians of Houston Veterinary Hospital to perform the procedures and additional diagnostic and/or treatment procedures as deemed advisable for my pet, _____, while being hospitalized at Houston Veterinary Hospital. The nature of the procedure(s) has/have been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risks involved in some of these procedures.

I agree to pay in full, for services rendered, including those deemed necessary for medical complications or unforeseen circumstances. Any estimates or charges for the planned procedures are only approximations, and the final bill may be greater or less than these amounts. **All Services Must Be Paid for When _____ is Released. Some Procedures Require a Deposit Be Made Before Hospitalization.**

I understand and agree to the above terms.

Owner's Signature: _____ **Date:** _____

Alternate Phone number(s) where you can be reached: _____