



# Brookeville Animal Hospital, LLC

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## General Release Form

**Patient Name:** \_\_\_\_\_ **Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give Brookeville Animal Hospital, LLC permission to do bloodwork if the veterinarian believes that blood work is necessary to diagnose and treat my pet.

Accept \_\_\_\_\_

Decline \_\_\_\_\_

I give Brookeville Animal Hospital, LLC permission to do radiographs (x-rays) and/or an ultrasound if the veterinarian believes that is necessary to diagnose and treat my pet.

Accept \_\_\_\_\_

Decline \_\_\_\_\_

I give Brookeville Animal Hospital, LLC consent to administer vaccinations and/or medications that the veterinarian deems necessary for health, safety, and well-being of my pet.

Accept \_\_\_\_\_

Decline \_\_\_\_\_

I understand that with any medical procedure there are risks involved and I accept these risks, I understand that although the staff and doctors will do their best to improve the health of my pet, there is no guarantee treatment will be successful. I certify that I understand this release, and furthermore assume full financial responsibility of all charges accrued.

I understand that my pet will be considered abandoned if Brookeville Animal Hospital, LLC has not heard from me within seven (7) days of the expected date of discharge. Brookeville Animal Hospital, LLC is authorized to determine the best course of action for the pet, including euthanasia (putting to sleep).

### **We Do Not Provide 24-Hour Supervision.**

#### **Financial Responsibility Agreement:**

I understand that payment is expected at the time services are rendered unless prior agreements have been made. I understand that if this balance is not paid in a timely fashion that I will be responsible not only for the balance due but for a \$30.00 monthly billing fee (due to the high cost of billing), as well as for any collection and/or reasonable attorney fees that are incurred in the attempt to collect this debt. I understand that a \$30.00 fee will be assessed for all returned checks.

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

Name Printed: \_\_\_\_\_

Preferred number you can be reached at today: \_\_\_\_\_

If you cannot be reached would you like the veterinarian to proceed at his/her own discretion?

Yes

No