



# Bay Park Veterinary Clinic



## Drop Off Medical Release Form

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described. I also understand that no successful treatment can be made. I do hereby give Bay Park Veterinary Clinic, their agents, servants, and/or Representatives full and complete authority to perform the procedure described as:

Patient ID Label

\_\_\_\_\_ **Initial**

I understand and acknowledge that Bay Park Veterinary Clinic strives to achieve a gold standard of medical care when dropping off your pet at Bay Park Veterinary Clinic, your pet will be examined by one of our Doctor's. After the consultation one of our technicians will contact you to go over a recommended treatment plan. \_\_\_\_\_ **Initial**

I understand that Bay Park Veterinary clinic is **not** open 24 hours a day and is open and staffed 8:00 am – 6:00 pm Monday thru Friday and 9:00 am – 4:00 pm on Saturdays. Should I choose to leave my pet after-hours, I realize there will be no on-site care or supervision provided. \_\_\_\_\_ **Initial**

**I assume all financial responsibility for the charges and services incurred to the described animal while under the care of Bay Park Veterinary Clinic,** up to and including any emergency treatments deemed necessary by the attending veterinarian, and understand that payment is due at the time of service.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_ Secondary: \_\_\_\_\_

*These numbers allow us to contact you in case of emergency, updated treatment plan, or the need to update your estimate. Please be sure to be available at all times at one of these numbers to ensure the prompt and proper care of your pet. Thank you!*