



ARK

ANIMAL
HOSPITAL

RELEASE FORM

P (803) 648-4245

F (803) 648-9136

arkanimal2680@gmail.com

I, the undersigned owner or authorized agent of the animal named _____, hereby authorize The Ark Animal Hospital, P.C., Dr. Jay H. Jones, and his associates or assistants to administer such treatments and to perform such procedures as are considered therapeutically and/or diagnostically necessary for the care of my animal, including the administration of anesthesia. In the event that emergency treatment is required and I cannot be reached, I authorize Dr. Jones and his associates or assistants to perform such medical and surgical treatment as is necessary to preserve the life of the patient until I can be contacted for further authorization. I understand that no guarantee of successful treatment is made. I accept financial responsibility for the treatment of the above-named patient and understand that payment in full is due upon release of this animal from the hospital or when service is otherwise terminated. I certify that I have read and fully understand this authorization for medical and/or surgical treatment, the reason why such medical and/or surgical treatment is considered necessary, as well as its advantages and possible complications, if any. I hereby release Dr. Jones and his associates or assistants from any and all claims for negligence, arising out of or connected with the performance of his/her treatment.

Owner or Agent's Signature

Date

Address

Phone #