

Magruder-Tabb Animal Clinic

Virginia Veterinary Treatment Release Form

I authorize the veterinarian(s) on duty and medical staff of Magruder-Tabb Animal Clinic to examine my pet(s) and to administer medical, emergency, or surgical treatment which is considered therapeutically or diagnostically necessary on the basis of the findings during any examination(s). Therefore, I hereby consent to and authorize the performance of such procedure(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I further understand that the treatment of my pet will be conducted with due care and in accordance with the prevailing standards of competency in veterinary medicine. I certify that no guarantee or assurance has been made as to the results that may be obtained through the course of treatment undertaken by the Magruder-Tabb Animal Clinic, its veterinarians, agents, or employees. I also consent to the release of medical information.

I, the undersigned, certify that I am the owner or agent of the owner of the pet(s) being treated at Magruder-Tabb Animal Clinic and have the authority to execute this document.

I have read and understand all items on this document.

Signature: _____ Date: _____
(Owner or responsible party)

Staff Initials: _____