

Creekside Veterinary Service Release of Liability

I hereby authorize the veterinarians at Creekside Veterinary Service and their assistants to examine and/or perform procedures they deem necessary for my animals. These procedures include, but are not limited to, the administration and maintenance of anesthesia, and the performance of surgery or any treatment deemed necessary by the attending veterinarian.

I acknowledge and understand that there are risks involved in handling animals and in their medical treatment. I further acknowledge that there is no guarantee as to the result of any treatment made by Creekside Veterinary.

I agree to hold Creekside Veterinary Service, and all associates, harmless in the event of unforeseen incidents while my animal is under the care of Creekside Veterinary Service. I understand and agree that Creekside Veterinary Service does not accept or assume liability for accident, escape, injury or death of my animal at any time.

I am the legal owner or the representative of the legal owner of the animals I present for diagnosis and treatment. I am over the age of 18 years.

Signature: _____ Print name: _____ Date: _____

Patient Insurance

I understand that if my animals are covered by medical/surgical insurance it is my responsibility to notify the insurance agent or adjuster of any illness, injury, or anticipated procedure that may affect that coverage.

Creekside Veterinary Service requires payment in full at the time services are rendered. (The insurance carried for animals is handled differently than human medical insurance. Clients are reimbursed by the insurance companies for monies paid to veterinarians for approved services.)

Our office staff will be happy to assist in completing the required paperwork for your insurance reimbursement once your account with us is paid in full. Creekside Veterinary Service highly recommends obtaining major medical coverage for your animals.