



Gunston Animal Hospital

A Noah's Ark Animal Hospital

7685 Armistead Road, Lorton, VA 22079

Phone: 703-339-7725 Website: www.gunstonanimalhosp.com



AAHA Hospital Member

Treatment Release Form

Client Name: _____

Today's Phone #: _____

Patient's Name: _____

Today's Date: _____

Reason for Visit (Be as specific as possible. Include when symptoms were first noticed, whether the problem is worsening or improving, and any other information that might be helpful.):

I understand that current **bordatella** (dogs only), **distemper**, and **rabies vaccines** and a current **fecal test** are all required for pets before admission to the hospital. For those pets not current, vaccines and a fecal test will be updated as long as it is deemed safe and advisable by a veterinarian.

I certify that my pet is **free of all external parasites** upon signing this release. If parasites, such as ticks or fleas, are found, I understand that my animal will be treated on admission for an additional cost.

Other services desired at additional cost: (Please check)

- Distemper Vaccine
- Rabies Vaccine
- Bordatella Vaccine
- Lyme Vaccine
- Heartworm Test
- Fecal Test

- Feline Leukemia Test
- Feline Leukemia Vaccine
- Nail Trim
- Anal Gland Expression
- Bath
- Flea Treatment

Medication refill (Doctor's approval is required.) Name of medication: _____

I hereby authorize the doctors and staff at Gunston Animal Hospital to perform procedures deemed advisable for the above-described condition. In case of an emergency situation, an attempt will be made to reach me, but I understand that the veterinarians are authorized to perform any necessary procedures if they are unable to contact me. I will strive to remain available at the phone number given below.

Signature of Authorized Agent _____

Date _____