

Woodside Veterinary Clinic
1725 Woodside Road
Redwood City, CA 94061
Phone: 650-365-3855 FAX: 650-364-9820

Treatment Release Form

I authorize Woodside Veterinary Clinic to treat my pet

The phone number where I can be reached today is

In the event that I cannot be reached, I agree/disagree to the following procedures, if the Doctor deems necessary:

| | Yes | No | Average \$ amount |
|---------------------|-----|----|-------------------|
| Radiographs | | | \$175.00 |
| Blood Work | | | \$100.00 |
| Urinalysis | | | \$ 75.00 |
| Sedation/Anesthetic | | | Min \$ 80.00 |

Not to exceed \$

If my pet should need emergency care, including CPR, I do do not authorize treatment. (Costs can start at \$400.00).

My animal has the below listed symptoms, which have occurred for the stated amount of time:

My animal is on the medications stated and did did not receive them today.

My animal's current diet:

My animal has had the following vaccinations (state when and where received if other than here):

Signed _____

Date _____