

Quail Ridge Animal Hospital

937 Mica Drive, Unit 18

Carson City, NV 89705

775.267.4888

(fax) 775.267.3337

Radiograph Release Form

I accept custody of _____ radiograph films taken of my pet to be transported
(Number)
to Dr. _____ at _____ for the purpose of
consultation and/or additional veterinary care.

I understand that these films are the Property of **Quail Ridge Animal Hospital** and that they will
be returned directly to this hospital by Dr.'s _____ staff or by me
after my appointment. If I fail to keep the appointment with him/her, I accept the responsibility
of returning these films to this facility.

Pet's Name: _____ client/code number: _____

Dr. and/or Facility Receiving Films: _____

Number of films: _____

Signature

Date

Print name