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Radiograph Release Form

Client's name _____

I accept custody of _____ (number) original radiographs taken of my pet so that they can be transported to Dr. _____ at _____ (name and telephone number of veterinary practice) for the purpose of consultation and/or additional veterinary care.

I understand that these films are the property of this practice and that they will be returned directly to this hospital by Dr. _____'s staff or by me after review by this person or practice. I hereby accept the responsibility of returning these films to this facility. I accept that if I, or the subsequent veterinary practice, fail to return these films, I am releasing the attending veterinarian and this veterinary practice of all legal liability for any charges of negligence, incompetence or fraud that might be defended had these films been returned.

Pet's name

Film Number

Doctor and/or facility expected to receive films

Number of films

Signature of Owner or Authorized Agent

Date