

PLEASE FILL OUT IN ITS ENTIRETY. THANK YOU!

As owner, or duly authorized agent of the owner, of the above named animal, I hereby consent and authorize the clinic to receive, prescribe, treat or operate on this animal.

Procedure(s): _____

Requirements for Admission: MUST BE UP TO DATE ON ALL REQUIRED VACCINES IF DEEMED HEALTHY ENOUGH BY A VETERINARIAN.

YES NO My pet is UP TO DATE (If not done here, what veterinary clinic can we contact to get current records?)

I give permission for the following diagnostics/treatments if deemed necessary by the veterinarian: **(Estimates can be given upon request):**

Bloodwork YES NO

Radiographs YES NO

IV Catheter/Fluid Therapy YES NO

All pets will be examined for external parasites (fleas/ticks) and will be treated appropriately if any parasites are noted. I understand & agree that my account will be charged for administered treatment. YES NO

I give permission for my pet to be sedated in the instance that we are unable to safely perform treatments. Our goal is to keep pets and staff safe. We try to avoid undue stress on our patients and would prefer chemical restraint in this instance.
YES NO

Items left with pet:

What brand of food does your pet eat at home? _____
Dry Canned Both

What preventatives/meds (heartworm/flea/tick/etc.) is your pet currently on?

Our office is to use all reasonable precautions against injury, escape, or demise but will not be held liable or responsible in any manner regarding the care, treatment or safe keeping of the animal. I understand that I am assuming all risks involved in care and treatment for this animal.

An estimate of anticipated fees has or will be given to me on request. **A deposit is required upon admittance to the clinic. All charges shall be paid in full upon release.**

All animals must be picked up within three (3) days of the specified release date. A written

notice will be mailed to the address above. Five (5) days after such written notice, the animal will be considered abandoned and may be disposed of or destroyed as the clinic deems appropriate. It is understood that abandonment does not relieve me from responsibility of payment for services rendered, including the cost of boarding. I agree that in the case of nonpayment, a fee of 1.5% per month (18% per annum) will be charged. All collection and attorney fees necessary to collect this debt will be born by me.

E-MAIL ADDRESS: _____

PHONE NUMBER(S): _____

SIGNATURE: _____ DATE: _____