

**OWNER INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_ Type: \_\_\_\_\_

Secondary Contact Number: \_\_\_\_\_ Type: \_\_\_\_\_

Additional Authorized Person(s): \_\_\_\_\_

**PET INFORMATION**

Pet's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Circle One: Canine Feline Other, Please Specify: \_\_\_\_\_

Sex, Circle One: Male Female Male Neutered Female Spayed

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Microchip Number: \_\_\_\_\_

**HOSPITAL/BOARDING RELEASE:** The clinic is to use all reasonable precautions against injury, escape, or death of my pet. The clinic and staff will NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I am absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense involved. I understand payment is due at the time of services unless prior arrangements have been made. If I neglect to pick up my pet within 5 days of the scheduled pick up date and do not notify you within that time frame you may assume that the pet is abandoned and are hereby authorized to make decision(s) regarding the pet as you deem best and/or necessary.

**UPPER RESPIRATORY WAIVER:** I am fully aware of my pet being at risk of any infectious respiratory diseases while in boarding, daycare, grooming and/or having surgery. I am aware that I am responsible for any costs of treatment and or medications my pet may need during its' stay within the hospital and after going home.

**FINANCIAL AGREEMENT:** I understand that PAYMENT IS DUE AT THE TIME OF SERVICE. I recognize that this facility does not offer payment plan options.

\_\_\_\_\_  
OWNER SIGNATURE

\_\_\_\_\_  
TODAY'S DATE