

Animal Clinic of Plainview Boarding Consent Form

Return Date: _____

Client: _____ Patient: _____

Any Problems or issues that need to be seen about while here boarding: _____

In case of illness or injury, I, the undersigned, do hereby give my consent for the doctors of the Animal Clinic of Plainview to treat, prescribe for, or operate upon my pet(s) while they are being boarded at the Animal Clinic of Plainview.

They are to use all reasonable precautions against illness, injury, or escape of my pet(s), but they will not be held liable or responsible in any manner whatever, under any circumstances, on account of the care, treatment, or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks. I also understand that any pet(s) found to have ticks or fleas will be dipped at owner's expense.

Should the circumstance arise that my pet (s) remain unclaimed after the date which I have stated as the pick-up date, I understand that such written notice the pet (s) will be considered abandoned and may be disposed of, or destroyed, as you deem best. It is further understood that such action will not relieve me from paying all costs of your service and the use of your hospital, including the cost of the boarding service.

ANIMALS MAY NOT BE PICKED UP OR DROPPED OFF AFTER HOURS FOR BOARDING PURPOSES.

OFFICE HOURS: MONDAY- FRIDAY 8AM-6PM, SATURDAY 9AM-NOON

I have Read the foregoing and agree.

Signature of Owner/Representative of Owner

Date

Emergency Phone Number where I can be reached. _____