



Client ID # \_\_\_\_\_ Client Name: \_\_\_\_\_  
Patient Name: \_\_\_\_\_

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

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 whatsoever, 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.

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 written notice will be mailed to the address below. Seven days after 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.

I have read the foregoing and agree.

\_\_\_\_\_  
Signature of Owner/Representative of Owner Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Emergency phone # where I can be reached

Please answer the following questions concerning your pet's present health:  
Has your pet shown any recent signs of:  
Diarrhea? \_\_\_\_\_ Vomiting? \_\_\_\_\_  
Sneezing? \_\_\_\_\_ Coughing? \_\_\_\_\_  
Have there been any other unusual symptoms or signs that we should be aware of while boarding your pet? \_\_\_\_\_.  
My pet shows NO evidence of fleas \_\_\_\_\_. My pet HAS fleas \_\_\_\_\_.

\*If fleas or ticks are found on admittance the pet will be treated at owner's expense.  
\*\*If you have answered yes to any of the above questions, please explain fully on the reverse side.

Toys brought \_\_\_\_\_

Feeding instructions: \_\_\_\_\_

Vaccinations:  
\_\_\_\_ Rabies \_\_\_\_ Distemper \_\_\_\_ Bordetella \_\_\_\_ Feleuk \_\_\_\_ HWP

Other Services requested: \_\_\_\_\_