



At The Oaks Pet Hospital Inc.



PLEASE INITIAL:

- 1) All pets boarding must be current on vaccinations. Vaccines given at places other than veterinary hospitals/clinics will not be honored.
- 2) If fleas/ticks are found on the pet during the stay, they will be treated as the clinic determines necessary and the cost of the treatments will be added to the total bill.
- 3) If the pet is to be picked up by someone other than the owner, arrangements must be made with the veterinary clinic regarding the bill.
- 4) All reasonable precautions will be used to prevent injury and escape of the pet(s). At The Oaks Pet Hospital Inc. is not responsible for the actions of the pet that may cause injury and/or escape.
- 5) At The Oaks Pet Hospital, Inc. will not be held responsible for any item's left with pet should they be lost, broken, etc.
- 6) Due to the change of food or environment your pet may become stressed or develop allergies. Signs include but are not limited to: diarrhea, vomiting, hot spots, itching, etc. At The Oaks Pet Hospital will not be held responsible for this. You will be charged for any necessary treatment.

ATTENTION: Our facility provides bedding for all pets while they are boarding. However, if your pet is geriatric or needs special bedding you can provide one; we will not be responsible for the loss or damage of the bedding. (___)
(Please initial if this applies to your pet)

In the event that your pet should require medical attention during his/her stay, every attempt will be made to contact you or your agent(s) before any diagnostic tests and/or treatments are initiated.

*******PLEASE CHECK ONE OF THE FOLLOWING OPTIONS:*******

_____ Treat my pet as needed. Do any and all diagnostic tests, treatments, and surgeries necessary for the well-being of my pet. I accept full financial responsibility for all charges related to the treatment of my pet(s).

_____ Treat my pet as needed, but do not exceed \$_____, I understand that if the medical situation is life-threatening and treatment exceeds the amount designated, and I or my agent cannot be contacted, my pet WILL receive medical treatment as needed to stabilize him/her, and I will be responsible for all charges above and beyond the designated amount.

_____ Do not treat my pet without my authorization.

I am the owner (or authorized agent of the owner) of the said pet. If in the event that for some unforeseen reason the pet/pets becomes ill, escapes, or dies, I will not hold At The Oaks Pet Hospital Inc. or its employees responsible. I expect that reasonable precautions will be used to insure my pet's safety and well-being while in the clinic's care. I agree to pay for all services in full at the time of discharge.

Signature _____

Date _____

Print Name _____

Phone # _____

OFFICE USE:

Kennel size:	SMALL	MEDIUM	LARGE
Vaccinations due:			
Pet 1: DHLPPC, B/T	RV	FVRCP, FELV	FECAL, PE
Pet 2: DHLPPC, B/T	RV	FVRCP, FELV	FECAL, PE
Pet 3: DHLPPC, B/T	RV	FVRCP, FELV	FECAL, PE