Owner Information:	Co-Signer Information:
First Middle Last	First Middle Last
Mailing Address	Mailing Address
Physical Address (if different)	Physical Address (if different)
City State Zip Code County	City State Zip Code County
Phone #1 Phone #2	Phone #1 Phone #2
S.S or D.L.# D.O.B	S.S or D.L.# D.O.B
Current Employer Information	Current Employer Information
Are you currently collecting Social Security/Disability?_____	Are you currently collecting Social Security/Disability?_____
Do you own your home/property_____County_____	Do you own your home/property_____County_____

Consent & Release for Admission, Treatment and Payment

I the undersigned owner or authorized agent of said pet/animal(s) hereby consent to the examination of said pet/animal(s) by Veterinarians and or Veterinarian Technicians of the Animal Clinic and after consultation to prescribe for treatment, anesthetize or perform surgery on said pet/animal(s). **I am eighteen years of age or older.** I understand that some risks always exist with anesthesia and or surgery. I am aware that blood clotting time may occasionally be prolonged because of inherited defects or exposure to certain toxins or chemicals. I also understand that with any vaccine or antibiotic or injections of, anaphylaxis may occur after use and I accept these risks. I release the Animal Clinic from these liabilities. I am encouraged to discuss any concerns that I may have about these risks with the attending veterinarian **before** the procedure is initiated. **Should some unexpected life saving emergency care be required, the Animal Clinic has my permission to provide such treatment and I agree to pay for such care.**

The health and well-being of your pet remains our top priority; however, rising losses , due to non-payment for services rendered have forced us to adhere to this strict financial policy.

We cannot offer a payment plan or any type of billing including holding of post-dated checks.

I understand that an estimate of costs for the Animal Clinics services may be provided to me and that I am encouraged to discuss all fees attended to such care/treatment before rendered. We require payment in full at time of service. I agree to assume the financial responsibility for all services rendered on a cash, check, credit/debit card basis at the time services are rendered. I agree that if I fail to comply with this policy, the Animal Clinic may handle this abandonment in the best interests of the Animal Clinic and the animal(s). I UNDERSTAND THAT FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Owner/Debtor Signature Date Co-Owner/Debtor Signature Date

Pet Name _____ **Breed**_____**Color/Markings**_____

D.O.B _____**Sex**_____**Spay/Neuter**_____**Allergies/Conditions**_____**Microchip**_____

File # _____**Client Name**_____