

ANIMAL MEDICAL CENTER
1711 N. Lynn Riggs Blvd.
Claremore, OK 74017
(918)341-4635

Client ID:
Client Name:
Address:

Patient ID:
Name:
Species:
Breed:

Telephone:

Sex:
Color:
Markings:
Birth Date:

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

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. If deemed necessary, my pet(s) will receive a flea and tick treatment at my expense.

Should the circumstances 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 above. Seven days after such 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. **A complimentary bath is included the morning of your scheduled pick up date.**

****If medicines are to be administered while your pet is boarding with us, there will be a \$5.25 per day fee.**

I have read the foregoing and agree.

Signature of Owner/Representative of Owner

Date

Emergency Phone Number

Pick Up Date

Date of last vaccinations _____

Has your pet shown any recent signs of diarrhea? _____

Vomiting? _____ Sneezing? _____ Coughing? _____

Have there been any other unusual symptoms or sign that we should be aware of while boarding your pet? _____
