Kinslow Veterinary Clinic
-Leaving Pet Form-

Pet (s) Name _____ Contact Number_____

In case of illness or injury, I, the undersigned do hereby give my consent for the doctors of this hospital to treat, prescribe for, or operate upon my pet(s) while they are being groomed by this hospital. They are to use all reasonable precautions against illness, injury, or escape of my pet(s), but they will not be liable or responsible in any manner whatsoever, under any circumstances on the account of the care, treatment, or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks.

Please explain any conditions we need to be aware of:

_____

_____

There will be additional charges for pet(s) receiving medications or treatment while in our care. Owner will be responsible for the payment of bill in full at the time of pet(s) discharge.

Bath_____ Flea Shampoo_____ Aloe/Oatmeal_____

Shots_____

Other_____

_____ _____

Signature Date

All animals under our care have to be current on their ***RABIES*** vaccine.