

LEGACY ANIMAL HOSPITAL

NAME: _____ **DATE:** _____

PET'S NAME: _____ **BREED:** _____

SEX: _____ **AGE:** _____ **CURRENT DIET:** _____

ANTICIPATED PICK UP DATE: _____

EMERGENCY CONTACT NUMBER: _____

DOES YOUR PET REQUIRE ANY SERVICES TO BE DONE DURING THEIR STAY?

NO YES IF YES PLEASE LIST BELOW

IS YOUR ANIMAL CURRENTLY TAKING ANY MEDICATIONS? NO YES

IF SO, PLEASE LIST BELOW: _____

THE FEE FOR DAILY ADMINISTRATION OF MEDICATION IS \$3.60

OWNER RELEASE: WE, THE STAFF OF LEGACY ANIMAL HOSPITAL, PROMISE TO USE ALL REASONABLE PRECAUTION AGAINST INJURY, ESCAPE, OR DEATH OF YOUR ANIMAL. THE HOSPITAL AND STAFF WILL NO BE HELD LIABLE FOR ANY PROBLEMS THAT DEVELOP, PROVIDED REASONABLE CARE AND PRECAUTIONS ARE FOLLOWED. UNDERSTAND THAT ANY PROBLEM THAT DEVELOPS WITH YOUR ANIMAL WHILE HERE WILL BE TREATED AS DEEMED BEST BY DR. MURATORE AND DR. GAHARAN AND YOU ASSUME FULL RESPONSIBILITY FOR THE TREATMENT AND EXPENSE INVOLVED.

OWNER SIGNATURE: _____ **DATE:** _____

DR.-Tech Check In initials _____ **Services written on Board** _____ **Completed** _____