If you pet needs to have an exam by the doctor or have any diagnostic testing, additional charges will apply.

Additional health concerns,

_____

_____

_____

*If medication is necessary, would you like a call first? (Please circle one) YES NO

*If blood work is necessary, would you like a call first? (Please circle one) YES NO

*We bathe all pets at discharge for a fee. (Please circle one) YES NO
(If a bath is declined please see Bath Decline Form.)

In the event that treatment is needed we will attempt to contact you at the phone numbers you provided, if you cannot be reached we will treat accordingly.

SRVH will attempt to contact you at the emergency number provided above as soon as possible if any illness or injury would arise. In the event you cannot be reached right away, SRVH has permission to do basic diagnostics and treatment until you can be contacted.

By signing this you agree to the above statements.

Signature: _____ Date: _____

Signature of employee who checked pet in _____