

As owner or duly authorized agent of the owner of the above named animal, I hereby consent and authorize the below services to be done to this animal.

CANINE: EXAM
 HEARTWORM TEST
 DHAPP
 LEPTO
 FECAL
 RABIES
 BORDATELLA
 SEDATION
 HOSPITALIZATION

FELINE: EXAM
 FECAL
 FVRCP
 LEUKEMIA
 FELV/FIV TEST
 RABIES
 SEDATION
 HOSPITALIZATION

OTHER TREATMENTS _____

An estimate of anticipated fees has or will be given to me at request. All charges shall be paid in full at time of release.

DAY STAY/BOARDING PROTOCOL: All boarding animals are required to have a current Rabies, Dhapp, Bordatella, and/or FVRCP vaccine on admittance. Please understand that vaccines given at the time of admission will not be fully effective for 4-7 days; this means that there is a chance of illness if exposure to a sick or infected animal occurs within this time period. Trenton Animal Hospital is a hospital facility therefore exposure to these diseases can occur.

As the owner or authorized guardian of this animal, I give permission to the clinic to receive, treat, prescribe or otherwise care for the above animal as deemed necessary.

Should injury or circumstances warrant the need for emergency service, I understand that the clinic will try to contact the necessary people before treatment, but will exercise the option to proceed if no one is available for clearance.

There will be an additional charge for a capstar flea pill if a flea infestation is found on animal.

Trenton Animal Hospital is to use all reasonable precautions against injury, escape, or demise but will not be held liable or responsible in any manner regarding the care, treatment or safe keeping of the animal. I understand that I am assuming all risks involved in care and treatment for this animal.

By signing below you verify understanding of this policy and agree to be responsible financially for any treatment.

SIGN: _____ Date: _____