



DENTAL FORM

NAME: _____

ADDRESS: _____

STATE: _____ **ZIP:** _____

PHONE #: _____

PET: _____ **AGE:** _____

ISSUE TO TREAT: _____

OWNER RELEASE

The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand any problem that develops with my pet while I'm absent will be treated as deemed best by staff veterinarians, and I assume full responsibility for treatment expense involved. If I neglect to pick up my pet within 5 days of the date below and do not notify you within that time, you may assume the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/ or necessary.

SIGNATURE: _____

DATE: _____ **CONTACT#:** _____

