



Jay H. Price, D.V.M. Elizabeth B. Robinson, D.V.M.
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Date				Client # (for office use)	
Owner					
Address					
City		State		Zip	
Phone		Work		Cell	

Emergency Contact: _____

Emergency Phone: _____

Please update any Treatments due while here.

Boarding Release:

In the event my pet becomes ill while staying at Oak View Animal Hospital, I authorize the attending veterinarian to administer treatment as is considered therapeutically and/or diagnostically necessary. I also consent to the administration of such anesthetics, as are necessary and surgical procedures of an emergency nature.

I understand that the Doctors or Staff of Oak View Animal Hospital will make every effort to contact me prior to any treatment or medication over a cost of \$50.00 per pet and or surgical care of major medical emergency.

- I agree to pay for any and all vaccinations that are deemed necessary for my pets stay.
- If a medical problem is discovered during my pets stay, I understand that care will be provided by Oak View Animal Hospital and agree to pay for all necessary treatment.
- I agree to pay for flea treatment if fleas or flea dirt are found on my pet on admission or during my pets stay.
- I understand that boarding rates are charged by the night, and medication charges are charged by the day.
- I agree to pay in full for all services rendered at the time of discharge.
- I understand that there are no pick ups outside of the Normal Business hours.

My signature on this form will stay active for one year from date of this original form. I have viewed and accepted that the information on this release is correct.

Owner/Agent Signature _____ Date _____