

**Red Oak Animal Hospital
4895 Ben Hill Road
College Park, Ga. 30349
(404) 767-8513**

Boarding Release Form

Client ID :	403	Patient ID :	1
Client Name :	Ronald Tolbert	Name :	Chaga
Spouse :	Spouse	Species :	1
Address :	4525 Ridge Road	Breed :	Australian Shepard
		Sex / Altered :	M / N
City / State / Zip:	College Park, GA 30349	Color :	Blue Merle
Telephone :	(404) 767-5032 (404) 767-8513	Weight :	45
		Birth Date :	10/24/10

Doctor: Ronald H.Tolbert, D.V.M.

In case of illness or injury, I, the undersigned, do hereby give my authorization and consent for the doctors of Red Oak Animal Hospital to treat, prescribe for, or operate upon my pet(s) while they are being boarded at the hospital.

They are to use all responsible precautions against illness, injury, or escape of my pet(s), but they will not be held liable or responsible in any manner whatever, under any circumstances, on account of the care, treatment, or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks.

Should the circumstances arise that my pet(s) remain unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be mailed to the address below. Seven days after such written notice the pet(s) will be considered abandoned and may be disposed of, or destroyed, as the hospital deems best. It is further understood that such action will not relieve me from paying all costs of the services, including the cost of the boarding, Legal, and/or Attorney's Fees.

My pet has been fully vaccinated within the last 12 months. If I cannot show proof of such vaccinations, then I give permission for the hospital to administer vaccinations required for the boarding of my pet(s).

I have read and understand the authorization and consent.

Begin boarding date _____ End boarding date _____

Telephone number where the owner can be reached _____

Mailing address where the owner can be reached:

Date _____ Signature of owner _____