Windermere Animal Hospital
Dr Reddy, DVM
4415 Front Nine Drive, Suite 900
Cumming, GA 30041
P: 770/887-0676
F: 770/887-0675

Date: ___/___/___
Owner's Name: _____ Pet's Name: _____
Phone Number: _____

As owner, or duly authorized agent of the owner, of the above named animal, I hereby consent and authorize the clinic to receive, prescribe, treat or operate on this animal.

Annual Health Needs or Requirements for Admission:
Canine DA2PPV_____ Corona _____ Bordetella _____ HWT _____ Lyme_____ Rabies _____
Feline FVRCP _____ FeLV _____ F.I.P. _____ Rabies _____

Laboratory Tests Needed:
Pre-Anesthesia _____ General Health Panel _____ Geriatric Panel _____ Fecal _____
Urinalysis _____ CBC _____ FeLV/FIV _____ FeLV only _____

Our office 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. I consent to administration of anesthesia as deemed necssary by the doctor. I acknowledge that risks and the possibility of complications exist in any surgical or medical treatment.

An estimate of anticipated fees has or will be given to me on request. A deposit is required upon admittanceto the clinic. All charges shall be paid in full upon release.

All animals must be picked up within three (3) days of the specified release date. A written notice will be mailed to the address above. Five (5) days after such written notice, the animal will be considered abandoned and may be disposed of or destroyed as the clinic deems appropriate. It is understood that abandonment does not relieve me from responsibility of payment for services rendered, including the cost of boarding.

I agree that in the case of nonpayment, a fee of 1.5% per month (18% per annum) will be charged. All collection and attorney fees necessary to collect this debt will be born by me.

SIGNATURE:_____

PHONE NUMBER FOR TODAY:_____

EMERGENCY PHONE NUMBER:_____