

Boston Heights Veterinary Hospital

7040 Walters Rd.
Hudson, OH 44236
330-653-2002

Drop Off Release Form

In case of illness or injury, I, the undersigned, do hereby give my consent for the doctors of the Boston Heights Veterinary Hospital to treat, prescribe for, or operate upon my pet(s),

They are to use all reasonable precautions against illness, injury, or escape of my pet(s), but they will not be held liable or responsible in any manner whatsoever, 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 taken care of as we deem best. It is further understood that such action will not relieve me from paying all costs of your service and the use of your hospital, including the cost of the boarding service.

I have read the foregoing and agree.

Signature of Owner/Representative of Owner

Date

Printed Name

Address

(____) _____
Emergency phone number

(____) _____
Additional Emergency phone number

Has your pet shown any recent signs of:

Diarrhea? _____

Vomiting? _____

Sneezing? _____

Coughing? _____

Have there been any other unusual symptoms or signs that we should be aware of while keeping your pet? _____

*List any medications, vitamins, or supplements _____
