

COUNTY LINE PET HOSPITAL, P.C.
3312 Chicago Road, Steger, IL 60475
708-754-2351

OWNER NAME _____ DATE ADMITTED _____
ADDRESS _____ CITY/STATE _____
PET'S NAME _____ BREED _____ COLOR _____ GENDER _____

EMERGENCY CONTACT – WE REQUIRE A TELEPHONE NUMBER WHERE YOU CAN BE REACHED WHILE YOUR PET IS STAYING WITH US. IF YOU WILL NOT BE AVAILABLE YOU WILL NEED TO PROVIDE AN ALTERNATIVE CONTACT WHOM YOU TRUST TO MAKE MEDICAL AND FINANCIAL TREATMENT DECISIONS ABOUT YOUR PET IN YOUR ABSENCE.

➤ EMERGENCY CONTACT _____ TELEPHONE # _____

➤ DIET: CLINIC/OWN _____ #MEALS/DAY - 1(AM) 1(PM) 2 3
AMOUNT PER MEAL OF DRY _____ CUPS, CANNED _____ CANS

- PLEASE CIRCLE THE MEALS YOUR PET STILL **NEEDS TODAY**: _____ AM / MIDDAY / PM
- PICK UP ON (date) _____ in the AM or PM. **Please notify us of any changes in the date or time you will pick up your pet. All dogs staying 3 days or longer will receive a complimentary bath before the release. We want to be sure your pet is dry and ready to go home when you arrive.** Owner initial _____

- ADDITIONAL SERVICES REQUESTED WHILE YOUR PET IS HERE:
 - Examination for: _____
 - Vaccinations: _____
 - Blood testing: _____
 - Misc: nail trim _____ express anal glands _____ clean ears _____ bath _____
 - playtime(cats) - # of days _____, brushing -# of days _____, extra walk - # of days _____
 - Other: _____

Owner initial _____

MEDICAL TREATMENT: In the event of a health emergency, or if I cannot be reached at the telephone number listed above, I hereby consent to and authorize the performance of such procedures as are necessary and desirable in the veterinarian's judgment. I will not hold County Line Pet Hospital, p.c. nor it's staff liable for any problems that develop provided that reasonable care and precautions are followed. I understand that any problems that develop with my pet while I am absent will be treated as deemed best by the veterinarian.

FEES: I assume total financial responsibility for all fees incurred. In the event I fail to pay any fees incurred I will be liable for all collections fees including but not limited to court and attorney's fees. Any balance remaining after 30 days will be assessed service and billing fees.

If I fail to pick up my animal within seven (7) days of written notice via regular mail to the address listed above, you may assume that I have abandoned my animal, and you are hereby authorized to dispose of my animal as you see fit.

I UNDERSTAND THAT YOU WILL VACCINATE MY PET AT MY EXPENSE, INCLUDING NECESSARY EXAMINATIONS, IF PROOF OF CURRENT STATUS HAS NOT BEEN PROVIDED. I UNDERSTAND THAT YOU WILL TREAT MY PET UPON ADMISSION FOR ANY EXTERNAL PARASITES AT MY EXPENSE. I UNDERSTAND THAT THE DOCTOR WILL EXAMINE MY PET AT MY EXPENSE IF ANY SIGNS OF ILLNESS OR INJURY IS NOTED BY THE STAFF.

I am the owner, or the agent for the owner, of the above listed animal, and have the authority to execute this consent. I hereby acknowledge that I have read the foregoing and fully understand the terms set forth.

- Owner, or agent, signature _____ Date: _____
- Print name _____ witness _____

➡ PLEASE LIST ALL BELONGINGS AND MEDICATIONS THAT WILL BE LEFT WITH YOUR PET ON PAGE 2.

Owner name _____ Pet name _____

BELONGINGS LIST:

Please list all the items you will be leaving with your pet. Please describe in detail. **NOTE: We cannot be held liable for items you leave with your pet, especially oversized items such as beds that cannot be laundered.**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

MEDICATION LIST:

Please list all the medications you are currently giving your pet and will be leaving with your pet for us to administer

MEDICATION	INSTRUCTIONS	WHEN WAS LAST DOSE GIVEN?

Owner initial _____