

DROP OFF INFORMATION

PHONE # WHERE YOU CAN BE REACHED TODAY: _____

CLIENT'S NAME _____

PET'S NAME _____

CALL WHEN READY? **OR** PICK UP TIME _____

LIST ALL **SERVICES** NEEDED TODAY:

- 1.
- 2.
- 3.
- 4.

LIST ANY **MEDICATIONS** NEEDING REFILLS INCLUDING HEARTGARD AND FRONTLINE:

- 1.
- 2.
- 3.

I hereby authorize Pelham Animal Clinic, P.C., its agents or employees to perform the surgery or other service needed on the above described animal and do hereby release and forever discharge Pelham Animal Clinic, P.C., its representatives or employees from all claims and demands whatever I have against Pelham Animal Clinic, P.C. its representatives or employees by reason of said surgery, administration of drugs or performance of other services and any consequences resulting directly or indirectly therefrom. I further certify that I have ordered or have been authorized by the owner to order the above named services for the above described animal. In any event I accept full financial responsibility for the payment for the services ordered and rendered. I understand that for any animal not called for within ten (10) days from the date which the clinic shall designate for its release shall be considered abandoned by me and shall be disposed of at the discretion of the clinic. My financial responsibility shall not in any way be altered by such disposal and my indebtedness shall include all charges made against such animal up to and including the date of and charges for disposal of same. Should it become necessary to collect this account through an attorney or any agent, the undersigned agrees to pay all costs of collection including responsible attorneys or agents fees.

Signature _____
Date _____