MEDICAL SUPERVISION/BOARDING RELEASE FORM

In case of illness or injury, I, the undersigned, do hereby give my consent for the doctors of The Corona Community Veterinary Hospital to treat, prescribe for, or operate on my pet(s) while they are being medically supervised at The Corona Community Veterinary Hospital.

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 whatever, under any circumstances, on account of the care, treatment, or safe keeping of my pet(s), as it is thouroughly understood that I assume all risks.
I understand that the constant presence of personnel may not be provided when the Hospital is closed.
I understand that my pet's current vaccination status is required upon admission to the Hospital and I consent to the administration of vaccinations deemed necessary by Dr. Ivan, Dr.Strathman, and his staff, and agree to be responsible for their cost.
All pets will be checked for fleas, ticks, flea dirt and lice prior to entering our kennels. If any are found on your pet, topical Advantix for dogs or Advantage Multi for cats will be applied for an additional $15 fee.

We are happy to administer your pet's prescribed medication(s) during their stay with us, as directed by Dr. Ivan or Dr. Strathman. The cost is $3 per medication per day. Please inform us if you have any questions or concerns about your pet's medications.

Should the circumstances arise that my pet(s) remain unclaimed for a period of no less than 14 days after the stated pick-up date, I understand that a written abandonment notice will be mailed to the address below and a new home will be sought for a period of no less than 10 days. If a new home is not found, I understand that my pet may be disposed of, or destroyed, as deemed best by the doctors of The Corona Community Veterinary Hospital. It is further understood that such action will not relieve me from paying all costs of services provided by The Corona Community Veterinary Hospital.

An estimate of fees will be provided and a deposit of 100% of that estimate is required prior to your pet's admittance.

I have read the foregoing and agree. I have read and understand the California Abandoned Animal Act posted in public view at Corona Community Veterinary Hospital.

_____
signature of owner/representative of owner date time

_____
physical address email address

_____
emergency phone # where I can be reached alternate phone #

_____
date pet(s) are to be picked up approximate pick up time

Special instructions while pets are here:_____
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