

Client Information Sheet

Email address _____

Cell Phone number _____

Alternate Phone number _____

Clinic-Patient Responsibilities

Animal Care Center staff is to use all reasonable precautions against injury, escape, or death of your pet. The clinic and staff will NOT be held liable for any problems that develop as long as reasonable care is provided and precautions are followed.

I understand that ANY problem that develops with my pet while I am absent will be treated as deemed best by the staff veterinarians, and I ASSUME FULL RESPONSIBILITY for the treatment expenses involved.

I understand payment is due at time of services unless other arrangements have been made and accepted in advance.

I understand that if my pet is staying at this facility for any reason and I do NOT pick up my pet within 5 days of the scheduled pick up date without notifying the clinic and having special arrangements accepted by the clinic, the clinic may assume that I have abandoned my pet and the clinic then has authority to take care of my pet as they deem necessary.

I am also aware that photographs of my pet, and potentially of myself, may be taken and used on Animal Care Center's website, Facebook or clinic Snapchat.

OWNER: _____ DATE: _____

ID# _____

Pet's Name _____

ACC Representative _____