



**ANIMAL CARE CENTER**  
*of Polaris*

**CLIENT INFORMATION**

**(All fields must be completed unless otherwise stated)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_

Secondary Phone Number (optional): \_\_\_\_\_ Type: \_\_\_\_\_

Additional Authorized Representative(s) Name(s) & Phone Number(s) (optional): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**HOSPITALIZATION / BOARDING RELEASE:** The staff of Animal Care Center of Polaris (ACCP) will use all reasonable precautions against injury, escape, or death of my pet while s/he is under the care of ACCP. ACCP and/or its staff cannot be held liable for any problems that develop with my pet, provided reasonable care and precautions were followed. I understand that any problem that develops with my pet while I am unavailable will be treated following best medical practices as deemed by the ACCP Veterinarian(s), and that I will assume full responsibility for the expense incurred. I understand that payment is due at the time of service, unless prior arrangements have been made. I understand that if I neglect to pick up my pet within 5 (five) business days of the scheduled pick-up date, and have not contacted ACCP within that time frame, ACCP may assume the pet is abandoned. ACCP will then be authorized to make decisions regarding my pet.

**UPPER RESPIRATORY WAIVER:** I understand the possibility of my pet's exposure to infectious respiratory diseases while at ACCP. I understand I am responsible for any costs incurred for examination, treatment and/or medication that my pet may require during his/her stay at ACCP and/or thereafter.

**FINANCIAL AGREEMENT:** I understand that PAYMENT IS DUE AT THE TIME OF SERVICE. Aside from Care Credit, I recognize that ACCP does not offer any payment plan options.

By signing below, I acknowledge the information provided by me to be correct and agree to the above ACCP statements.

**Client Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_