



# Animal Clinic of Rockford

## HOSPITALIZATION RELEASE FORM

A worsening of an existing medical condition or emergence of a new medical condition can occur while the animal is in the clinic or shortly thereafter due to stress, change of diet, separation anxiety etc. I authorize the Clinic to treat such conditions. The ACR staff will contact to discuss condition, treatment plan & fees.

**I agree to always provide at least 2 working phone numbers so staff is able to contact if such situation were to occur.**

Any leash, collar, toys, or bedding that are left at the clinic, I, as the owner take full responsibility that they may be damaged or soiled during their stay. ACR will happily provide a slip lead so you can keep any personal items for your pet with you. We will provide bedding and food/water bowls during your pets stay. You will be required to provide adequate food for the length of the pets stay, (if allowed to eat normal diet), in a disposable bag, food left over at time of pick-up will not be returned.

I take full financial & legal responsibility for my pet/s. Boarding is done only in hospitalization situations or for surgery drop off accommodations. If medically possible; rabies, distemper and flea preventive must be current, or will be done at the time of intake. A deposit for care may be required; an agreed upon amount discussed with DVM at consultation or at least 80% of estimate.

If any live fleas are found on my pet during their surgery or hospitalization stay, I authorize ACR staff to apply flea medication, at my expense. This policy is in place for the health and well-being of all animals coming to the clinic.

If the pet is not picked up on the designated date & no contact can be made; the animal is legally abandoned after 5 days and you will lose all ownership rights.

My signature on my pet's medical record indicates that I have read and completely understand both the procedure and hospitalization release forms.

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