

Consent Form

“Please print clearly and completely fill out both pages of the form”

Owner: _____ Mailing Address if different _____
Address: _____
Telephone: (Home) _____ (Work) _____ (Mobile) _____
NCDL # _____ Other # _____
E-mail: _____ (PRINT CLEARLY)
Animal(s): _____

I certify that I am the owner of the above animal(s).

I hereby grant permission to this company to act in my behalf, and in my animal(s) best interest, by obtaining veterinary care at my expense, if deemed necessary, for illness or injury. I further agree to pay for all veterinary and other necessary services incurred by and for my pet during its care with Animal Friends.

Animal Friend’s services agree to exercise all due and reasonable care to prevent injury or illness to my animal(s). However, in the event of illness or injury, the owner and employees of this company shall not be held personally liable for such injury or illness.

It is expressly agreed that by leaving my animal(s) in the care of Animal Friends, I authorize any emergency treatment which may be necessary. I further agree to be liable for the full amount of the bill and understand that the bill is due and payable when services are rendered. Payments are due immediately after services rendered.

Note* I also understand that a periodic finance charge of 1.5% per month, which corresponds to 18% annually, with a minimum charge of \$5.00, will be applied to any outstanding balance after 10 days. I further agree that should collection proceedings be necessary, I will be liable for any and all collection costs including, but not limited to, court cost and attorney fees. Discounts applied will be voided after 30 days with any open balance.

Veterinarian _____
Special info _____
Emergency contact and phone number _____

Referred By: Talking Phone Book _____ Bellsouth Phone Book _____ Web Site _____
Mr. or Mrs. _____ Veterinarian _____
Other _____ Paw Prints Magazine Issue _____

Signature _____ Date _____

Note* Please check yes or no if you will give this company permission to use your experience with the services provided as a reference. Yes ___ No ___

P.O Box 15031
Wilmington, NC 28408
(910)794-7117

Animal Information Form

Animal's Name _____ Breed _____ Color _____

Diet Name _____ Times Fed _____ Amount _____

Locations of feeding areas and food storage _____

Medications _____

Other info or requests _____

Animal's Name _____ Breed _____ Color _____

Diet Name _____ Times Fed _____ Amount _____

Locations of feeding areas and food storage _____

Medications _____

Other info or requests _____

Animal's Name _____ Breed _____ Color _____

Diet Name _____ Times Fed _____ Amount _____

Locations of feeding areas and food storage _____

Medications _____

Other info or requests _____

Special Requests:

Mail _____ Newspaper _____

Trash _____ Day of the week to schedule _____

Plants _____

Other info: _____

If I am unable to return home to continue the support and care of my animal(s) I wish the custody of my animal(s) go to the following persons.

Name: _____ Phone: _____ Animal _____

Name: _____ Phone: _____ Animal _____

Name: _____ Phone: _____ Animal _____