

Small Animal Care Center  
601 S. State Street  
San Jacinto, CA 92583  
951-654-7396  
www.smallanimalcarecenter.com

Drop-off date: \_\_\_\_\_  
Pick-up date: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

ANIMAL NAME: \_\_\_\_\_

- I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the pet described above.
- I understand the vaccination requirements and have agreed to them. I also understand that my pet must be free of all internal and external parasites, and that any parasitic treatment will be done at my expense. I have been advised of the boarding and vaccine costs for my pet.
- I understand in the event of emergency, the staff, veterinarian, his/her agents, employees, or representatives will use their best judgment in the treatment of my pet, including the use of sedatives or anesthetics. I do hereby release Small Animal Care Center, their agents, employees, or representatives from any and all liability while caring for my pet, which may include transporting, medical and/or emergency treatments.
- I, the owner, agree to remove the pet, and if I have not done so following formal notification and a period of time as specified by law, Small Animal Care Center is at liberty to humanely dispose of the pet as it may see fit.
- I understand 24 hour supervision is not provided at this hospital.
- I agree that payment will be due, in full, upon discharge of my pet for all charges incurred.
- I understand that if I provide belongings, and request that they be used, I will not hold Small Animal Care Center financially responsible for replacement if damaged. This includes bedding, toys, dishes, leashes and harnesses, ect.

**Multiple pet boarding release:**

- I hereby give authorization to Small Animal Care Center, to medically treat my pets in the event that one or more of my pets are injured as a result of boarding together. All fees incurred as a result of injury shall be paid upon release from boarding.

**Check out time 11:00 am:** Charged by the night. Additional charge for pickup after 11 am.  
Saturday and Sunday drop off and pickup by appointment only.

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

FEEDING INSTRUCTIONS: \_\_\_\_\_

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