

COLUMBIA BELVEDERE ANIMAL HOSPITAL

3956 Glenwood Road

Decatur, GA 30032

404-289-5231

HOSPITAL FORM

NAME _____

ADDRESS _____

Pet's Name _____ **Dog** _____ **Cat** _____

Reason for hospitalization: Surgery _____ **Treatment** _____

Observation _____ **Diagnosis (testing)** _____ **Other** _____

If for Surgery, please state nature of surgery _____

Is this pet up to date on vaccines? _____

I hereby certify that I am the owner of this pet and take full responsibility for authorizing these procedures and paying in full for them.

You are to use all reasonable precautions against injury, escape, or destruction of the animal, but you will not be held liable or responsible in any manner whatever, or any circumstances, on account of the care, treatment, or safe keeping of the animal above described, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks.

Written notice will be mailed to the address above to remove the pet if it is not picked up when released. Five days after such written notice, the animal will be considered abandoned and may be disposed of as seen fit and it is understood that doing so does not relieve me from paying the cost of all services and boarding and all costs involved in disposal and collection of such fees.

I have read the forgoing and agree.

Signed _____ **Date** _____

Home Phone # _____ **Work #** _____ **Cell #** _____