

**Benning Animal Hospital
2047 Ft Benning Road
Columbus, Ga. 31903
(706) 689-6240**

<u>For Office Use Only</u>	
Client Number:	_____
Client Name:	_____
Patient Name:	_____
Patient Age:	_____
Date of Drop Off:	_____
Employee Initials:	_____

DROP OFF—RELEASE

I hereby consent and authorize you, Dr K. Riddick and/or associates, to prescribe for, treat, sedate, or operate upon:

Pet's Name: _____

BAH will use all reasonable methods against injury, escape, or destruction of the animal(s) described above but will not be held liable or responsible in any circumstances on account of the care, treatment, or safe keeping of these animal(s) as it is thoroughly understood that I assume all risks.

Written notice will be mailed to the address below to remove the animal(s) that are not claimed. Ten days after such written notice the animal(s) will be considered abandoned and may be disposed of or destroyed as our doctors deem best, and it is understood that this does not relieve myself from paying all costs of services, hospitalization or costs included in keeping my pet (for boarding, observation, etc.)

If any internal or external parasites are found they will be treated at owner's expense.

All animals staying in the clinic for treatment must be current on vaccinations. The vaccinations required for dogs are rabies, dhlpp and bord; cats are required to be current on rabies and fvrp.

I have read the above and agree:

Signature: _____

Address: _____

Phone Number: _____