



## Spring Forest Animal Hospital Boarding & Grooming Facility

Rebecca A. Gore, D.V.M.  
2310 Spring Forest Road  
Raleigh, NC 27615  
(919) 878-PETS ext. 2

[www.springforestanimalhospital.com](http://www.springforestanimalhospital.com)

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
email: \_\_\_\_\_  
Species *Feline* Breed \_\_\_\_\_ Color \_\_\_\_\_  
Sex (Circle One) Female Spay Female Intact Male Neuter Male Intact  
Date of Birth \_\_\_\_\_ Allergies \_\_\_\_\_

### Treatment Authorization

Spring Forest Animal Hospital cannot guarantee the health of any animal but pledges to give appropriate care to all boarded pets. All pets will be fed properly and regularly and will be housed in safe, clean quarters.

If the pet identified on this record is found to have fleas and/or ticks, it will be bathed and treated at the owner's expense.

Should the pet identified on this record become ill, I hereby authorize Dr. Rebecca A. Gore and Spring Forest Animal Hospital to provide all medical and surgical treatment deemed necessary. I acknowledge that in the event of my pet's illness, the staff at Spring Forest Animal Hospital may not be able to contact me immediately and is therefore authorized to initiate proper treatment until I can be reached. I agree to pay all expenses associated with the treatment of my pet until I am available to discuss further costs with Dr. Gore. . I give permission to Dr. Gore and Spring Forest Animal Hospital to use the following credit card and number to pay for services deemed necessary for my pet: \_\_\_\_\_.

I hereby agree to the foregoing as owner of the pet.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_