

Spring Forest Animal Hospital Rebecca A. Gore, D.V.M. (919) 878-PETS www.springforestanimalhospital.com

Consent to Socialize Pet

I, _____, give consent for my pet, _____,

to be socialized with other animals under the supervision of a SFAH staff member during his/her stay at the Spring Forest Animal Hospital Boarding & Grooming Facility. In the unforeseen circumstance that my animal cause harm to another animal, I accept full responsibility for payment of the expenses for medical care needed to treat the victimized animal. I understand that payment for services is due, in-full, at time of pick-up.

Owner's Signature

Date

Staff Initials