



Client Information:

First Name _____ Last Name _____

Spouse First Name _____ Spouse Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Ext. _____

Cell Phone _____ Driver's License # and State _____

E-mail address _____

Do we have your permission to take photos of your pet(s) to use on our social media pages? _____

Pet Information:

(1) Pet Name _____ Date of Birth _____ Species _____

Breed _____ Color _____ Sex _____

Is your pet spayed/neutered? _____ Current Heartworm/Flea Prevention? _____

(2) Pet Name _____ Date of Birth _____ Species _____

Breed _____ Color _____ Sex _____

Is your pet spayed/neutered? _____ Current Heartworm/Flea Prevention? _____

Boarding/Hospitalization: For your pet's protection, **all vaccinations must be current.** We require written proof or phone confirmation from your referring veterinarian of vaccination, for any pet(s) that stays at Nunnery Veterinary Hospital, Inc. **If you are unable to provide proof of these vaccinations when your pet(s) is left for boarding, a doctor will provide a comprehensive physical exam and appropriate vaccines, which are your financial obligation. Your pet must also be free of internal and external parasites, including fleas and ticks. If not, we will treat your pet(s) at your expense.** Please note that many vaccines do not take affect for 10-14 days, so be sure your pet(s) is vaccinated before boarding for optimal wellness. I agree to and understand this policy.

IMPORTANT: If your pet becomes ill, we will treat your pet(s) accordingly. By signing this form, you hereby give the staff veterinarian your permission to treat your pet if injury or illness occurs, and you will be responsible for any charges that may occur as a result.

Payment is due at the time the service is rendered. For your convenience, we accept cash, check, and all major credit cards. I verify that all the information provided is accurate.



I agree and understand that if my pet(s) is/are left at Nunnery Veterinary Hospital, Inc. for 7 days beyond the scheduled pick-up date and I have not made contact with said company, the company will consider the pet(s) abandoned and have the sole right to handle this abandonment in the best interests of the animal and the hospital, according to Mississippi State Law. You are to use all responsible precautions against injury, escape, or death of my pet(s), but you will not be held liable or responsible in any matter, as I thoroughly understand I assume all risks.

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours.

All fees due at time of service or when patient is released. A deposit prior to treatment may be required. A written estimate of fees will be provided upon request for services and/or procedures to be performed. All unpaid fees will be sent to collections. I will be responsible for all collection and legal fees incurred by such actions. I understand that Nunnery Veterinary Hospital, Inc. may hold my pet(s) until my bill has been paid in full. All checks will require a valid driver's license and any fees from a bounced check will be the responsibility of the owner.

I warrant that I am at least 18 years old and that I accept exclusive and sole responsibility, financial and otherwise for all treatments done by Nunnery Veterinary Hospital, Inc.

Signed _____ Date _____