

<b>Medication:</b> **Include dosage	<b>Directions:</b>
<b>Feeding Instructions:</b>	
How much do you feed?	
How Often?	
What kind of food?	<input type="checkbox"/> RCVH Provided <input type="checkbox"/> Food From Home ANY KNOWN FOOD ALLERGIES: _____
Special Instructions?	

**RCVH Annual Consent Form**

**I certify that my pet has been fully vaccinated and had a fecal parasite exam within the last 12 months. If I cannot provide documentation, then I give permission for the hospital to administer these services that are required for the boarding of my pet(s).**

In case of illness or injury, I the undersigned, do hereby give my authorization and consent for the doctor to treat, prescribe for or operate upon my pet(s) while they are being boarded at the hospital. I authorize treatment for parasites and/or sedation for treatment or to control aggression, if needed. RCVH and our employees, will use all responsible precautions against illness, injury or escape of my pets(s), but will not be held liable or responsible in any manner whatever, under any circumstances, on account of the care, treatment or safe keeping of my pet(s) in any part of the facility (including Doggie Day Camp), as it is thoroughly understood that I assume all risk. Should the circumstances arise that my pet(s) remain unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be mailed to my home address. Five days after written notice the pet(s) will be considered abandoned per South Carolina law. It is further understood that such action will not relieve me from paying all fees for services rendered, including boarding charges. I understand that if i need to extend my pet(s) stay at RCVH, I will need to pay the balance(via phone), at the time of extension, for my pet(s) entire stay including the extension in order for my pet to stay past the original date scheduled.

I authorize the staff at this veterinary practice to release portions of my pet’s medical history and record, including personal recollections, radiographs, photographs, videotape images or other images to use with the following media entity(ies): Rocky Creek Veterinary Hospital's website, Facebook page, Youtube or Instagram.

I, the undersigned, authorize this veterinary practice or institution’s faculty, clinicians, employees, students, and/or agents to use such materials for this purpose. I agree not to file any claim for revenue or lawsuit for damages against this veterinary practice with respect to the release of this information.

Late arrivals after 6pm (Noon on Saturday) will be subject to a \$50 late pick-up/drop-off fee.

**Please note—RCVH is not responsible for personal items that are lost or destroyed by your pet during their stay.**

**I have read and understand this authorization and consent form.**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Client Signature**

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**Date**