



Animal Rescue, Inc.

2 Heritage Farm Drive
New Freedom, Pa. 17349
717*993*3232

S/N _____ RV _____ Ear Tip _____

Dist _____ Adv _____ De-worm _____

Medical/Surgical Consent Form

Guardian _____

Address _____

City _____ State _____ Zip _____

Home Ph # _____ Work Ph # _____

Animal's Name _____ Breed _____

Vaccine Date _____ RV Serial # _____

Sex _____ Age _____ Color _____

I am the Guardian (Guardian's authorized agent) of this animal and give permission to medically/surgically treat and/or surgically sterilize it. In event of injury or death to my animal, I waive all claims for damages against Animal Rescue, Inc., any Veterinarian and any of the officers or employees of these corporate entities. I further agree that should this occur, permission is expressly given for an autopsy to be performed by a qualified independent Veterinary Pathologist.

I also understand that I must pick my pet up on the day indicated by Animal Rescue, Inc. Personnel and failure to pick up within seven (7) days will be construed as abandonment which is punishable by a fine up to \$1000.00. The animal will then be considered available for adoption. In addition to any fines, I will also pay a fee of \$20 per day if my pet is not picked up on the day and time that is designated by Animal Rescue, Inc. Personnel.

NO SOFT CARRIERS!!!

A.R.I. Witness

Guardian

Date _____ Received Payment by _____ \$ _____

When did he/she last eat? _____

Is he/she a stray? _____

Has she been in heat? _____ if yes, when? _____

Was this animal adopted from A.R.I.? _____ Yes _____ No

Complimentary collar and rabies tag? _____ Yes _____ No