



# Registration and Release Form

## YOUR CONTACT INFORMATION

First Name  Last Name

Address

City/State  Zipcode

Phone  Email

Preferred Vet

## YOUR FUR FAMILY

Name  Breed  Weight

Spay/ Nuetered  Yes  No **Friendly**   
**Aggressive** (towards dogs -must be people friendly)

FEEDING INSTRUCTIONS

MEDICATION INSTRUCTIONS

Name  Breed  Weight

Spay/ Nuetered  Yes  No **Friendly**   
**Aggressive** (towards dogs -must be people friendly)

FEEDING INSTRUCTIONS

MEDICATION INSTRUCTIONS

*I certify that I am the owner of this pet, and I grant permission to Fur-O-Six and its staff to obtain on my behalf and in my pets' best interest the veterinary care necessary to treat illness or injury. I agree to pay all veterinary and other necessary services incurred by and for my pet during its stay in this facility. This facility agrees to exercise due and reasonable care to prevent injury or illness to my pet. However, in the event of illness or injury, the facility and its owners and staff shall not be held liable for such injury or illness. I agree to pay all charges the day I pick up my pet and I understand that my pet may not leave the premises until all charges are paid in full. I understand that any animal left for ten days beyond the estimated date of pick up will be considered abandoned.*

Signature

