

Stack Hospital for Pets  
104 Clinton Street  
Fayetteville NY 13066  
(315) 637-9815

Client ID \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

I certify that I am the owner of the above named pets, and request that the Stack Hospital for Pets board and exercise these pets together. I will assume responsibility for any medical expenses incurred for treatment of wounds sustained, should the above named animals have a fight. I release the Stack Hospital for Pets from any legal liability for injuries sustained and expenses incurred while my animals are together.

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_