

Heartland Animal Health Center
2115 E. Main St, Weatherford, OK 73096 580-772-PAWS
Marilyn Wolgamott, DVM

Owner's Name: _____ Pet Name:

Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Type _____ of _____ Food _____ Given:

Type of Flea/Tick Treatment*: _____

Date last given: _____

Type of Dewormer*: _____

Date last given: _____

*** If pet is not on a regular treatment schedule they will be treated at check in for their safety and the safety of other pets staying in our facility.**

I authorize Heartland Animal Health Center and its staff to board my pet and to supply needed vaccinations, medication, food and exercise. I certify that I own the above described animal and I hereby consent to treatments that the doctor deems necessary for the health, safety and well-being of the above animal while it is under our care and supervision.

If my pet should injure itself in an escape attempt, refuse food, soil itself, become ill or die while boarding, I will not hold the Heartland Animal Health Center and staff responsible and /or liable in the absence of gross negligence.

I further realize that I am responsible for payment in full at the time I come to pick up the above-named animal.

Owner Signature: _____ Date: _____