



**SAHO Owasso
Pet Resort Release Form**

Client Name:		Pet Name:	
Address:		Breed:	
Telephone:		Sex:	

SAHO PET RESORT

Feeding Instructions (type/amount/how often): _____ (no additional charge)

Is your pet on a special diet or prescription food?

Pet Spa (limited availability): Classic Spa | Mini Spa | Full Spa | Pet Bath | None

Expected Departure Time: 7am-11am | 11am-3pm | 3pm-7pm

Additional Playtime (Restrictions Apply) \$10/day for 3-4 30 minute sessions:

Individual | Group | None

Belongings: _____

SAHO Pet Resort is not responsible for lost/damaged toys or bedding damaged by your pet.

SAHO Animal Hospital will attempt to reach you or your emergency contact in the event that your pet requires emergency medical treatment. If we cannot reach either contact, we will initiate reasonable treatment until contact is made. You as the pet owner will be responsible for any charges incurred during such an event.

I DO NOT WANT SAHO ANIMAL HOSPITAL TO PERFORM ANY MEDICAL TREATMENT IF I CANNOT BE REACHED.

Emergency Contact: _____

Name of person picking up other than owner: _____

*For legal reasons, pets will only be released to the owner or the person designated above. You must inform us prior to coming in if someone other than the above named person is to pick up your pet. This is for security and is NOT negotiable.

SAHO ANIMAL HOSPITAL SERVICES

Medications to be administered by a Pet Nurse (Name & Dose) \$2/day:

Signature: _____

Vaccines Due: _____

Internal Parasite Screening (\$12): _____

Do you have any concerns about your pet that you would like to have a doctor examine (\$47.50)?

Other Treatments: _____

Does your pet have an ongoing medical condition that we need to be aware of?

How do you want to be contacted about 's examination or testing results?



Email | Text | Phone | No contact until checkout

O W A S S O
Animal Hospital