



**Conditions of Admission**  
Read in entirety before signing below

- German Flatts Veterinary Clinic agrees to receive from the owner/owner agent the below named pet and give it such medical, surgical, and dental treatment as it may deem advisable. The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risk involved in these procedures.
- All hospitalized animals without proof of current vaccinations (Distemper and Rabies) will be updated at the owner's expense.
- The pet must be examined on or before admission. If we discover during the exam any fleas or flea dirt, the pet will be treated for fleas at the owner's expense.
- The owner hereby authorizes the hospital to release information from the pet's records to any person, agency, or authority as the hospital, in its sole discretion may determine necessary.
- German Flatts Veterinary Clinic shall not be responsible for the loss, theft, or destruction of any personal property left with the pet.
- The owner, or financially responsible person, agrees to pay in full upon discharge German Flatts Veterinary Clinic the charges specified for the care, keeping, and board of the pet entrusted to its care. Special arrangements must be approved prior to services rendered.
- The owner agrees to remove the pet within five (5) days of request. Should the pet not be removed with the specified time, the owner relinquishes all claim to the pet and German Flatts Veterinary Clinic is at liberty to humanely dispose of the animal in accordance with New York State Agricultural and Markets Law, Section 331.
- Accounts 30 days delinquent shall bear interest at the periodic rate of 1.5% per month, which is the annual percentage rate of 18%. Should the account be referred to an attorney, collection agency, or small claims court for collection, the owner or financially responsible person agrees to pay all cost incurred.
- Any paragraph that shall be deemed to be invalid shall not invalidate the remainder of the agreement.

**Ensure you have scheduled a discharge appointment time to pick up your pet.**

Your Signature as  
Owner/Owner Agent  
(Must be 18 years of age or older) \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number Where You  
Can Be Reached Today \_\_\_\_\_ Today's Date \_\_\_\_\_

Pet's Name \_\_\_\_\_ List any special diet/medication: \_\_\_\_\_

Procedure(s) Requested \_\_\_\_\_

**We offer permanent microchip identification for an additional \$60.00. Would you like this service performed today? YES/NO**

You have been given an estimate for anticipated charges of \$ \_\_\_\_\_  
A deposit of 50% or \$ \_\_\_\_\_ is required upon admission  
with the balance due in full upon discharge.