

TWIN FORKS CLINIC

P.O. BOX 363
WRAY, CO 80758
OFFICE: (970) 332-3116
FAX: (970) 332-3117

P.O. BOX 449
BENKELMAN, NE 69021
OFFICE: (308) 423-2895
FAX: (308) 423-5478

Dr. Michael Downey

Dr. Justin Gdanitz

Dr. Rodney Auffet

Boarding Agreement

Owner: _____ Emergency Phone: _____

Date In: _____ Date Out: _____

Name: _____ Sex: _____ Age: _____ Color: _____

Breed: _____

Special Food/Medications/Special Items Left For The Animal:

****All animals entering the hospital must be current on vaccinations, free of external parasites and dewormed within the last 6 months or they will be treated at the OWNER'S expense.***

I authorize the veterinarian to do whatever necessary should an emergency situation arise, to include tranquilization/anesthesia as required.

I agree to pick up my pet within **FIVE DAYS** of the discharge date, and my pet may be considered abandoned if I do not. In my failure to recover my pet, you are automatically authorized to dispose of my pet as deemed professionally necessary.

Fees are charged on a per day basis.

Full Payment is Due Upon Release.

Owner's Signature: _____ Date: _____