

KINGSTON ROAD



A N I M A L H O S P I T A L

beachvet.com

Date: _____

I, _____ as owner or _____, acting as _____'s agent, give permission for Kingston Road Animal Hospital to take ownership of (pet) _____.

Kingston Road Animal Hospital will be responsible for the care and upkeep of (pet) _____ for 28 days.

If a suitable home is not found for (pet) _____ within the 28 days, I acknowledge that Kingston Road Animal Hospital has the right surrender him/her to Toronto Animal Control for adoption.

Do you wish to be contacted when (pet) _____ is adopted or transferred?
Yes____ No____

(Please Note: no information of the new owner will be given out under any circumstances)

Signature: _____

Witness: _____

Office Use:

Previous Vet:_____	Good With: Kids____
Vaccines:_____	Cats ____
Spay/Neuter:_____	Dogs____
Declaw:_____	Diet:_____
Other:	

Adoption Date:_____

AC transfer Date:_____

AC transfer #:_____