Steel Center Pet Application and Release

This application must be completed in full and returned to the Veterinary Assistant Instructor. Pets may not appear on school grounds until the application has met approval and a date/time has been scheduled with the Veterinary Assistant Instructor.

OWNER INFORMATION

Owner's Name: _____

Email: _____ Phone: _____

Address: _____

ANIMAL INFORMATION

Pet Name: _____ Breed: _____Age: _____ Sex: _____

Primary Veterinary Clinic/Provider: _____

Primary Veterinarian: _____ Veterinarian Phone #: _____

Does your pet need any special medication or treatment(s)? If so, explain: _____

_____

_____

Has your pet had any recent major surgeries or other medical history/diagnosis?

_____

_____

Is your pet neutered/spayed? _____   Is your pet obedient/trained? _____

How does your pet interact with other animals?

_____

Does your pet behave well with strangers? _____

Do they play well with people? _____

Does your pet show food aggression? (Getting upset when food is touched/taken away) _____

Is your pet possessive of toys / aggressive over toys? _____

Is your pet microchipped? (not required) _____

MANDATORY VACCINES – DOG

Must have a paper copy of vaccine history/certificate submitted with this application

Rabies   Date given: _____   Exp. Date: _____

Bordetella *(Kennel Cough)*   Date given: _____   Exp. Date:_____

 Distemper *(DHLPP)*   Date given: _____   Exp. Date:_____

LICENSE (Dog Only)

A valid Pennsylvania Dog license is required for you to participate at Steel Center.

Dog License Number: _____

MANDATORY VACCINES – CAT

Must have paper copy of vaccine history/certificate submitted with this application

FVRCP *(Fel. Viral Rhinotracheitis, Calicivirus, Panleukopenia)* Date Given:_____ Exp. Date:_____

Rabies *(Often included in the FVRCP vaccine)*   Date Given_____ Exp Date: _____

FeLV *(Feline Leukemia)*   Date Given_____ Exp Date: _____

EDUCATION / PHOTOGRAPHY DISCLAIMER

While your pet is at Steel Center, we may utilize them to demonstrate proper restraint techniques, example physical examinations, and taking vitals to further educate and provide hands-on experience for our students. We may also photograph your pet while he/she is here for services.

Please initial below if you allow or decline have photos or video of your pet taken.

_____ Accept   _____ Decline

INJURY – Authorization for Medical Treatment in Emergencies

It is possible that your pet could sustain an injury while at Steel Center. However, if that were to occur we will attempt to contact you and request that you pick up your pet. If unsuccessful, we will transport your pet to VCA Castle Shannon Animal Hospital. Any veterinary treatment provided by the emergency veterinarian is at the cost of the pet's owner. Steel Center will not be held liable for injury or illness. This release gives Steel Center full authorization to seek medical treatment from the nearest Veterinarian in case of a medical emergency while your pet is at Steel Center. All Veterinary costs and expenses will be the responsibility of the animal's owner.

Refusal of Services

Steel center has the right to refuse services at any time. In the event that your animal is too stressed or becomes too dangerous to work with, Steel Center has the right to refuse services.

Please initial that you understand and accept the injury clause:

_____ I understand and accept that Steel Center will contact me in the event of an emergency to make arrangements and that if I can not be reached, my pet will be treated at VCA Castle Shannon.

_____ I understand and accept that Steel Center is not responsible in any way for injury or illness that occurs to my pet while on the premises.

SIGNATURE

I have read, understand and agree to all of the following information presented to me throughout this document. In view of this and intending to be legally bound, I accept all and full responsibility for any injury and damage that may in anyway result to me, my property or my animal. I do hereby release and discharge Steel Center from all responsibility. I also acknowledge that without this waiver and release Steel Center cannot accept my pet for services. I have personally read this release.

Owners Printed Name: _____

Owner's Signature: _____ Date: _____

_____

For Office Purposes

Pet was approved for entry to Steel Center: _____

Pet was denied entry to Steel Center: _____

Reason Pet was denied entry:

_____

_____

Steel Center Faculty Initials: _____   Date received: _____