SAN ROQUE PET HOSPITAL
Exceptional, Compassionate Care

3034 State Street, by De La Vina
Santa Barbara, CA 93105

AUTHORIZATION AND RELEASE FORM

1. I/We hereby consent and authorize San Roque Pet Hospital and Pet Hotel, its staff and duly authorized representatives to receive, prescribe, treat and/or operate upon my pet(s). Every precaution will be taken, but all risks with regard to restraint, anesthesia, surgery and any and all other care of my/our pet(s) are hereby assumed by the owner and/or undersigned.
2. I/We are aware, as the Owner and/or Responsible Party, the constant supervision of pet(s) is NOT always provided during closing hours. Such service may be available if requested by referral to a 24 hour critical care facility. Please talk to the receptionist concerning arrangements and the additional costs of this service.
3. I/We are aware this Hospital/Pet Hotel follows Code 1834.5 of the California Law in regard to the Pet Abandonment Act.
4. I/We are aware, as the Owner and/or Responsible Party, all guests in the Hospital/Pet Hotel that may require medication, treatment and/or additional care or service will be additionally charged, which amount shall be payable upon discharge of the Pet(s).
5. I/We agree all fees will be paid **before** the pet(s) may leave the Premises, or satisfactory payment arrangements be made PRIOR to the pet(s) admission to the Hospital or Pet Hotel premises.
6. I/We agree by my/our signature(s) below this authorization to keep this Authorization and Release on file for current and any subsequent treatment, care, surgery and/or any and all services to and for our pet(s).
7. I/We agree Authorization and Release extends to any and all of the treatment, care, surgery and/or any and all other services to and for our pet(s).
8. I/We agree any dispute of any nature will be settled by arbitration. If third party arbitration is necessary, it shall be conducted by the standards of the American Arbitration Board.

9. _____ _____
   Signature of Owner and/or Responsible Party Date

   _____
   Print name

10. _____
    Telephone #/s of Owner AND Telephone #/s of Party admitting Pet(s)
    ADDITIONAL Home, Work, Travel and Third Party Telephone Numbers and/or additional instructions for contact in case of emergency.**_____**