

Compassionate Care Clinic Application

Clark Road Animal Clinic
Saturday October 22, 2011
9:00 AM to 1:00 PM

Please fill in all spaces requiring information. This form, accompanied by a signed referral letter from an agency or clergy member, **must be received by October 15, 2011.**

Fax to 941-922-3166 **OR** mail to Clark Road Animal Clinic, 5728 Clark Road, Sarasota, FL 34233.

Incomplete applications will not be considered. The application form and the referral letter should be returned together. Applications without referral letter will not be considered. We anticipate an overwhelming response and thus may not be able to accommodate all applicants.

Please Print ALL Required Information:

Pet Owner's Name: _____
Pet Owner's Address: _____
City, State, Zip Code: _____
Best Phone Number (work, home, cell): _____

You will be contacted by phone to receive your assigned appointment time. Any messages left must be returned within 24 hours or else your appointment will be forfeited.

If you are unable to make that appointment time you will forfeit your appointment for the clinic.

Social worker/ Caseworker/Clergy Name and Phone Number: _____
Agency/Affiliation: _____

A signed letter from the above named referral must accompany the application

Clark Road Animal Clinic reserves the right to deny service if the pet is deemed too aggressive and/or cannot be restrained in a safe manner. Fractious animals **MUST** be muzzled by their owner. All dogs must be on a leash no longer than 6 feet and all cats must be in carriers. Animals not on a leash or on a leash longer than 6 feet (flexi-leads must be locked) will not be seen at the discretion of the clinic.

The parties agree that (NAME OF REFERRING AGENCY) _____ is acting as a referral agency and assumes no liability regarding the provision of the veterinary services by Clark Road Animal Clinic.

I, _____, agree to hold Clark Road Animal Clinic, its employees, and volunteers free from all damages and liability regarding the administration of vaccines, medication, or other veterinary services to my pet(s).

Owner's Signature _____ Date _____

Owner's Printed Name: _____

Pet's Name: _____ Age: _____ Breed: _____ Color: _____

Dog: _____ Cat: _____ Male: _____ Female: _____

Spayed/Neutered Yes _____ No _____ If no, date of last heat _____

Date of last veterinary visit: _____ Name of Veterinarian: _____

Past Vaccination History: _____

Heartworm tested? Yes _____ No _____

Feline Leukemia tested? Yes _____ No _____ Does your cat go outside? Yes _____ No _____

A brief statement of your need and future plan for your pet's medical needs at this visit:

Please list current or past medical problems or any problems associated with vaccinations:

Please list any medication, vitamins or supplements your pet is taking: _____

Pet's Name: _____ Age: _____ Breed: _____ Color: _____

Dog: _____ Cat: _____ Male: _____ Female: _____

Spayed/Neutered Yes _____ No _____ If no, date of last heat _____

Date of last veterinary visit: _____ Name of Veterinarian: _____

Past Vaccination History: _____

Heartworm tested? Yes _____ No _____

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A brief statement of your need and future plan for your pet's medical needs at this visit:

Please list current or past medical problems or any problems associated with vaccinations:

Please list any medication, vitamins or supplements your pet is taking: _____

PLEASE USE ADDITIONAL PAGES IF NEEDED FOR ADDITIONAL PETS