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Group Play Time Admission Form

Owner: _____

Pet: _____

Admit Date: _____

Vaccine Status: Current Needs Vaccinations

My pet also needs these services: _____

Feeding Guidelines While In The Clinic: _____

Medications While In The Clinic: _____

Group Play Full Day:

Group Play Half Day: AM session PM session

In order to protect our patients from infectious diseases, we require that all animals entering the hospital show proof of current vaccinations through a licensed veterinarian for the following diseases: Canine- DHLPP, Bordetella, Canine Influenza & Rabies.

I UNDERSTAND MY PET WILL BE VACCINATED AS REQUIRED IF NOT PROVEN CURRENT.

I assume financial responsibility for the services rendered and understand that full payment is due upon completion of services.

Phone number where I can be reached: _____

Client Signature: _____ Date: _____

Additional notes/Belongings: _____