



## AGREEMENT

TO: Dr. Yoshinori HARA

Director of JUTOKUKAI Animal Medical Center

I ( pet owner, agent, or family) request to hospitalize or board my animal,  
and treat with anesthesia, surgery your hospital when needed to my animal.

I agree not to trouble the hospital., keeping the following directions.

### DIRECTIONS

- 1) I shall not request compensation of any injury, death or escape, caused by the following accidents.
  - a. idiosyncrasy of the animal
  - b. unexpected disaster or accident
  - c. unexpected situation, beyond the limitation level of caring ability as a veterinarian
  - d. inevitable reasons which we cannot be responsible for
- 2) Please start treating my animal with your appropriate diagnosis when the following matters happen during the stay.
  - a. when the animal has not received appropriate vaccination within 1 year before the visit
  - b. when other abnormal symptoms besides requests may appear
- 3) I will follow and keep the schedule directed by the hospital, such as leaving, visiting and picking up, and controlling the animal
- 4) I will let the hospital decide what to do to the animal, when I am not available to be contacted for more than 30 days.
- 5) I will pay the bill every once a week.

If I fail to pay, then I will not object you even you follow the direction 4)

- 6) I will pay .        yen for the deposit for hospitalization or boarding ofo my animal

Deposit ¥ \_\_\_\_\_

Signature \_\_\_\_\_ DATE \_\_\_\_\_

### Owner Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cellar Phone \_\_\_\_\_

Office Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

### Pet Information

Species: Dog / Cat / Bird / Others \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Name \_\_\_\_\_ Sex: M / F \_\_\_\_\_ Birth Date \_\_\_\_\_

Neutered: Y / N \_\_\_\_\_ yy mm dd