

Angelina Animal Hospital, LLC



Risk Alert Consent

I _____, understand that leaving (Patient)" _____",
in the hospital without having proper and/ or complete vaccinations poses a potential risk to his/her
health. I also understand that Angelina Animal Hospital, LLC has informed me of those risk. Although
Angelina Animal Hospital, LLC will make every effort to prevent _____ from being
exposed to risk, factors, it is a very real possibility that your pet will be exposed to certain illnesses and/
or diseases. Angelina Animal Hospital will assume no responsibility if my Pet becomes sick while in their
care or in the days following.

Date: ____/____/____

Signature of Owner: _____

Signature of AAH Staff Member: _____

Signature of AAH Veterinarian: _____