

Monroe's Mighty Mission Client Form

P.O. Box 1151, Roebuck SC 29376
admin@monroesmightymission.org

Name:

Address (Street, City, State & Zip):

Phone Number:

Email Address:

**In order to qualify for some services or low-cost rates, Monroe's Mighty Mission may ask to see proof of government assistance.*

Pet #1 Name:

Dog or Cat (Circle one)

Breed (if known):

Approximate Weight:

Approximate Age:

Gender:

Notes:

Pet #2 Name:

Dog or Cat (Circle one)

Breed (if known):

Approximate Weight:

Approximate Age:

Gender:

Notes:

Pet #3 Name:

Dog or Cat (Circle one)

Breed (if known):

Approximate Weight:

Approximate Age:

Gender:

Notes:

(Use back of form if more pets are to be listed)

Will you need transportation for your pet for any medical services provided? Yes or No (Circle one)

I, _____, hereby release Monroe's Mighty Mission from any responsibility resulting in poor outcomes for my pet due to the medical services, pet food, or transportation provided by Monroe's Mighty Mission or any other agency or volunteer that is associated with Monroe's Mighty Mission. I understand that while every effort is made to ensure the absolute best care and products are used for the animals, that there is some risk associated with any product or care service.

Signature

Date