

Welcome

PLEASE FILL OUT COMPLETELY

Please fill out all information so that we can treat your pet to the fullest of our capability

OWNER'S NAME _____ TODAY'S DATE _____
DRIVERS LICENSE # _____ SPOUSE NAME _____
ADDRESS _____ CELL PHONE _____
CITY & ZIP _____ EMPLOYER _____
WORK PHONE _____ SPOUSE PHONE _____
E-MAIL ADDRESS _____ EMERGENCY CONTACT _____
EMERGENCY PHONE _____ OTHER CONTACT _____

NUMBER OF PETS: DOGS ____ CATS ____ OTHER ____

REASON FOR VISIT _____

How would you prefer reminders by: MAIL ____ E-MAIL ____ TELEPHONE CALL ____

PET INFO

pet	Pet name	Dog/cat other	Breed/color	Male/female	Spayed? Neutered?	Date of birth
1						
2						
3						

PLEASE LIST ANY CURRENT MEDICATIONS: _____

PREVIOUS VET INFO

VET CLINIC _____ PHONE # _____

ADDRESS _____ DR. NAME _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. I also authorize the hospital to use photos and/or other likeness of myself and/or my pet(s) for their medical record or other purposes. **MUST BE 18 OR OLDER TO AUTHORIZE.**

Signature of owner: _____ **Date:** _____

Method of payment: cash _____ credit card _____ debit _____ care credit _____
NO CHECKS ACCEPTED