

Welcome to



Folder # _____

Owner First & Last Name _____

Spouse/Partner First & Last Name _____

Mailing Address: Street _____ Apt# _____

City _____ State _____ Zip Code _____

Email Address: _____ Drivers License #: _____

Phone #1: _____ Phone #2: _____ Phone #3: _____

Employer: _____ Work Phone: _____

How did you hear about us? Internet Sign/drive by Dog Park Adoption Agency
 Recommended by: _____

Pet Information

Pet's Name: _____ Dog Cat Other: _____ Photo*: Yes No

Breed: _____ Color: _____ Age/DOB: _____

Sex: Male Female Neutered/Spayed Microchipped: Yes No Unsure

Any previous medical conditions/surgery: _____

Pet's Name: _____ Dog Cat Other: _____ Photo*: Yes No

Breed: _____ Color: _____ Age/DOB: _____

Sex: Male Female Neutered/Spayed Microchipped: Yes No Unsure

Any previous medical conditions/surgery: _____

Previous Veterinarian: _____ Phone: _____ City/State: _____

Reason for leaving: _____

*By checking yes and signing below you grant permission to Pusch Ridge Pet Clinic and its agents, to take and use: photographs and/or digital images of yourself and your pet for use in publications (including but not limited to: brochures, websites and other electronics communications, advertisement, and/or educational material. I further agree that the name and/or identity of myself and/or my pet may be revealed in descriptive text or commentary in connection with the images). I authorize the use of these images without present or future compensation to myself or my associates. All negatives, prints and digital reproductions will be property of Pusch Ridge Pet Clinic.

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 the pets listed. I also understand that these charges will be paid at the time of release and that a deposit may be required for any recommended services.

Signature: _____ Date: _____