



WELCOME

Thank you for giving us the opportunity to care for your pet. To insure the best care possible, please take the time to fill in this form completely. Thank you!

Owner: _____ Date: _____

SS#: _____ or DL# _____

Address: _____

_____ Zip Code _____

County _____ Employer: _____

Spouse: _____

SS# _____ DL# _____

Home Ph. _____ Work Ph. _____

Cell Ph. _____ Email. _____

Emergency Contact: _____

Number and Names of Pets in household: _____

How did you hear about us? _____

Pet Health History

Name of pet being seen: _____

Species: _____ Breed: _____ Color: _____ Age/DOB: _____

Please circle: Male Neutered Male Female Spayed Female

Please list any vaccination history or any major past surgical or medical procedures..

Pet's current medications: _____

Pet's known allergies: _____ Pet's Diet: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume all responsibility for all charges incurred in the care of this animal; including attorney fees, collection fees and court cost of delinquent payment. I also understand that all charges will be paid at the time of my pet's release and that a deposit may be required for surgical or extensive medical treatments.

Name: _____ Date: _____