



Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_ Phone # \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Cell# \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Alternative Emergency contact \_\_\_\_\_ Phone # \_\_\_\_\_

### PET HEALTH HISTORY

Pets Name \_\_\_\_\_ Breed \_\_\_\_\_ Birthdate \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_

Micro-chipped Yes \_\_\_ No \_\_\_ If Yes what type of chip Home Again \_\_\_\_\_ Avid \_\_\_\_\_ ResQ \_\_\_\_\_

Any long-term Medical problems? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give a brief explanation \_\_\_\_\_

### AUTHORIZATION

I here by authorize the veterinarian to examine, treat, and prescribe medication for my pets. **I assume all responsibility for charges incurred for the care of my animals. I also understand and agree that a deposit may be needed to start treatment on my animals, and that all charges will be paid at the time of release.**

Signature of Owner or Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Drivers License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Confidential**