



OWNER INFORMATION

Mr. ___ Mrs. ___ Ms. ___ Dr. ___
Name (last): _____ (first): _____ (MI): _____
Address: _____
City/State: _____ Zip Code: _____
Home Phone: (_____) _____ Cell Phone: (_____) _____
Work Phone: (_____) _____ SSN: _____ - _____ - _____
Email Address: _____
Employer: _____

Spouse/Co-owner

Mr. ___ Mrs. ___ Ms. ___ Dr. ___
Name (last): _____ (first): _____ (MI): _____
Work Phone: (_____) _____ Cell Phone: (_____) _____
Email Address: _____
Employer: _____

PET INFORMATION

(please circle one)
Name: _____ Dog Cat Other _____
Breed: _____ Female / Male
Color: _____ Spayed/Neutered/Intact/Unknown
Age: _____ Date of Birth: _____
Current Diet: _____
Current Medications: _____
Chronic Problems/Past Surgeries: _____
From: (please circle) Friend / Breeder / Shelter / Other _____
Reason for pet: (please circle) Companion / Protection / Breeding / Showing

MEDICAL INFORMATION

Vaccinations and Dates:

	<u>Dog</u>		<u>Cat</u>
DHLPP/C:	_____	FVRCP:	_____
Bordetella:	_____	FeLV:	_____
Rabies:	_____	Rabies:	_____
Other:	_____	Other:	_____
Heartworm Test:	_____	FeLV/FIV Test:	_____
Fecal:	_____	Fecal:	_____

Past Attending Veterinarian: _____
Phone Number (if known): _____
How did you learn of our hospital?
(please circle) Phone Book / Drive-by / Friend / Other _____
Recommended by: _____

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 my pet. **I also understand that these charges must be paid at the time of release** and that a deposit may be required for surgical procedures or in-hospital treatment.

Signature: _____ **Date:** _____