

WELCOME

OWNER _____ DRIVERS LICENSE # _____
MAILING ADDRESS _____ CITY _____
PHYSICAL ADDRESS _____ STATE _____ ZIP _____
HOME PHONE _____ WORK PHONE _____
CELL PHONE _____ EMAIL _____
NUMBER OF PETS: DOGS _____ CATS _____ OTHER _____

PETS NAME _____ DOG _____ CAT _____
BREED _____ COLOR _____ EST AGE _____
MALE _____ NEUTERED _____ FEMALE _____ SPAYED _____
VACCINATION HISTORY _____

PLEASE CHECK ANY PROBLEMS YOUR PET IS HAVING

___ BEHAVIOR PROBLEMS ___ LACK OF APPETITE ___ SNEEZING
___ BLEEDING GUMS ___ INCREASED THIRST ___ LIMPING
___ BREATHING PROBLEMS ___ LOSS OF BALANCE ___ VOMITING
___ COUGHING ___ SCOOTING ___ WEAKNESS
___ INCREASED URINATION ___ SCRATCHING ___ DIARRHEA
___ EYE BULGING ___ SEEMS DEPRESSED ___ GAGGING
___ GAGGING ___ OTHER _____

PETS CURRENT MEDICATION _____

I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, OR TREAT THE ABOVE PET. I ASSUME ALL RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE. A DEPOSIT IS REQUIRED FOR EMERGENCY TREATMENT.

SIGNATURE _____ DATE _____
METHOD OF PAYMENT _____