



Thank you for giving us the opportunity to care for your companion. To ensure the best care possible for your pet; please take the time to fill out this form completely. If you have any questions or concerns regarding your pet's health please feel free to ask. Thank you!

Pet Information:

Pet's Name _____ Dog Cat Horse Other _____

Age/Birth date _____ Sex M F Breed _____

Color _____ Neutered/Spayed Yes No What age? _____

Where did you obtain this pet? Friend Breeder Pet Shop Humane Society
 Other _____

Reason for pet's visit _____

Vaccination history (date and type of vaccine) _____

Has your pet previously been a patient at any veterinary hospital? Yes No

If yes, please list previous veterinarian or clinic _____

Diet (brand of food, table food, etc.) _____

Please list all current medications; prior/ongoing health problems; prior surgery, etc. _____

Please list any other problems/concerns we should know about _____

Payment

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that payment is expected at time of release and that a deposit may be required for surgical procedures and/or hospitalization. A written estimate can be prepared upon request.

Signature of owner _____ Date _____

Method of payment: Cash Check MasterCard VISA Discover