



Place Driver's License Here

Client Information

Date: _____
Owner Name: _____
Address: _____
City/State/Zip: _____
Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
E-mail: _____
Contact Preference (check one) e-mail phone

Pet Information

Pet's Name: _____ Dog _____ Cat _____ Other _____
Sex: male _____ neutered _____ female _____ spayed _____
Birthdate: _____ Age: _____ Breed: _____
Color: _____
List your pet's current medications: _____

What flea/tick/heartworm preventatives is your pet on? _____
When was their last dose? _____
How long has your pet been ill? _____
What symptoms does your pet have? _____
Has your pet been treated for this illness by your regular veterinarian?
_____ If yes, when? _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet. I UNDERSTAND THAT ALL HOSPITALIZED PATIENTS MUST BE UP TO DATE ON RABIES AND DISTEMPER VACCINES, IN THE EVENT THE PATIENTS DOES NOT HAVE THESE VACCINES THEY WILL BE ADMINISTERED UNLESS MEDICALLY PROHIBITED. I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature of client responsible for pet(s) _____
Date _____