

WELCOME!

Thank you for giving us the opportunity to take care of your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill out this form completely.

Date: _____

Owner: _____ SS# _____

Address: _____

Spouse: _____

Home Phone: _____ Work phone: _____ Spouse phone: _____

Cell Phone: _____ E-mail: _____

Emergency Contact Name and phone: _____

Whom may we thank for recommending us? _____

Reason for visit: _____

PET HEALTH HISTORY

Name of pet _____ Species- Dog Cat Rabbit Ferret Other _____

Breed _____ Color _____ Birthdate _____ Spayed/Neutered- Yes No

Vaccination history (Dates and what kind- Rabies, Distemper, etc.) _____

Please list any current problems or any medications that your pet is using _____

What do you feed your pet? _____

List any other pets- Name _____ Species (Dog, cat, other) _____ Age _____

Name _____ Species _____ Age _____

AUTHORIZATION

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 these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of owner _____ Date _____