



Owner's Name: _____ Phone Number: _____

Pet Information

Pet's Name: _____

Species: _____ Breed: _____ Color: _____

Date-of-Birth: _____ Sex: _____ Neutered/Spayed: _____

Previous Veterinarian: _____

Can we call for records? Yes No

Are there other pets in your household? Yes No

If yes, please indicate quantity Dogs: ____ Cats: ____ Birds: ____ Reptiles: ____ Other: ____

If you are bringing in more than one pet today, please fill out the additional information below.

Pet's Name: _____

Species: _____ Breed: _____ Color: _____

Date-of-Birth: _____ Sex: _____ Neutered/Spayed: _____

Previous Veterinarian: _____

Can we call for records? Yes No

Pet's Name: _____

Species: _____ Breed: _____ Color: _____

Date-of-Birth: _____ Sex: _____ Neutered/Spayed: _____

Previous Veterinarian: _____

Can we call for records? Yes No

By signing this, I state that I am the legal owner or guardian of described pet. I hereby authorize the veterinarian to examine, prescribe for, and treat the above-described pet(s). I assume responsibility for all charges incurred in the care of this animal(s).

Signature: _____ Date: _____