

WELCOME
Animal Care Veterinary Hospital

OWNER

SPOUSE

ADDRESS

CITY

ZIP CODE

PHONE: HOME

WORK

CELL

SPOUSE CELL

E-MAIL

EMERGENCY CONTACT

PHONE

PET HEALTH HISTORY

NAME OF PET

DOG CAT OTHER

BREED

COLOR

AGE

D.O.B

MALE NEUTERED FEMALE SPAYED

VACCINATION HISTORY (DATE OF LAST VACCINATION)

PET'S CURRENT MEDICATIONS

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.

METHOD OF PAYMENT: CASH CREDIT CARD/DEBIT CARE CREDIT CHECK

D.O.B / / MILITARY YES NO

SSN - - (Required if paying by check, hospitalizing or boarding a pet)

SIGNATURE OF OWNER

DATE