



ADDITIONAL PET # _____

DATE: _____

Owner: _____

Name of pet being seen: _____

Species: _____ Breed: _____ Color: _____ Age/DOB: _____

Please circle: Male Male Neutered Female Female Spayed

Please list any vaccination history or any major past surgical or medical procedures.

Pet's current medications: _____

Pet's known allergies: _____ Pet's diet: _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume all responsibility for all charges incurred in the care of this animal; including attorney fees, collection fees and court cost of delinquent payment. I also understand that all charges will be paid at the time of my pet's release and that a deposit may be required for surgical or extensive medical treatments.

Name: _____ Date: _____