

WELCOME TO ANIMAL CARE & SURGICAL HOSPITAL

THANK YOU FOR GIVING US THE OPPORTUNITY TO CARE FOR 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 IN THIS FORM COMPLETELY. THANK YOU!

Today's date _____

Owner's name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Driver's License # _____

How did you hear from us? Google ___ Website ___ Friend ___ Dr's Referral ___ Facebook ___

Instagram ___ Twitter ___ Advertisement ___

PET'S INFORMATION

Pet's Name _____ Date Of Birth _____

Type of Animal Dog Cat

Sex: Male Neutered Female Spayed

Breed _____ Color _____

AUTHORIZATION

I hereby authorize the Veterinarian to examine, prescribe for, or treat the above describe pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release the pet.

Signature of owner/Agent _____

