

City Animal Hospital

Owner/Agent: _____ Spouse/Other: _____

Address: _____
 Street City State Zip Code

Social Sec. # _____ Driver's License # _____

Home # _____ Work # _____ Cell # _____

Spouse Work # _____ Emergency # _____

Pet's Name: _____ DOB/Age: _____ Color: _____

Breed: _____ Spayed/Neutered (circle one): **Yes** or **No**

Lives (circle one): **Indoors** or **Outdoors** or **Both** Gender (circle one): **F** or **M**

How did you find us? (circle all that apply):

Referred by friend/co-worker

Online

Noticed while driving

I hereby authorize the veterinarian to examine, prescribe for, or treat the above 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 certain procedures. You agree, in order for us to service our account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages, or e-mails, using any email address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device as applicable.

Method of Payment (please circle): **Cash** **Check** **Visa/MC/DISC**

Signature of Owner/Agent _____ Date: _____