

Date: \_\_\_\_\_

OWNER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Contact(s): \_\_\_\_\_

PET INFORMATION

<u>Name</u>	<u>Species</u> (K9 / Fel / Other)	<u>Breed</u>	<u>Colour /</u> <u>Markings</u>	<u>Age /</u> <u>DOB</u>	<u>M / F /</u> <u>Spayed /</u> <u>Neutered</u>	<u>Last</u> <u>Vaccine</u> <u>Date</u>

Current medications: \_\_\_\_\_

Recent medical issues: \_\_\_\_\_

By signing below, I agree that I am above the age of 18 and I hereby authorize the veterinarian to examine, prescribe for, and treat my animal(s). I assume responsibility for all charges incurred in the care of my animal(s). I also understand that payment for such services is due at the time of service.

OWNER SIGNATURE: \_\_\_\_\_