

THE PET DOCTOR

PET INFORMATION

Owner Name _____ Pet Name _____

Dog Cat Other _____

Breed _____ Color _____

Male Female Spayed/Neutered? Yes No Birth Date _____

Date and Type of last vaccinations _____

Is your pet on any medications? Yes No

If yes, list: _____

Does your pet have any history of seizures or any known allergies or reactions to medications or vaccinations? Yes No

If yes, list: _____

Agreement & Authorization

- I am the owner or authorized agent for this animal and have the authority to execute this consent. If this pet is/was a stray, I agree to have it scanned for a microchip, and if one is found, the microchip company will be notified and treatment will be delayed until ownership has been verified.
- In the event of death of the animal, through no fault of the Clinic, I will be responsible for the reasonable costs thereof.
- In the event I fail to pick up the animal from the clinic within 5 days of the date I am notified to do so by personal notice through the telephone, or by mailing notice to me at the address I have listed, the Clinic is authorized to take care of the animal in whatever way they deem fit and I will pay a reasonable fee for such service.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I understand that no guarantee has been made as to the results or cure. I assume responsibility for all charges incurred in the care of this pet. I also understand that these charges will be paid at the time of release.

Signature of Owner or Agent

Date

Pet Health History

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____