

PATIENT INFORMATION CONTINUED

NAME: _____

NAME: _____

SPECIES: Cat Dog BREED: _____

SPECIES: Cat Dog BREED: _____

SEX: NEUTERED MALE FEMALE SPAYED

SEX: NEUTERED MALE FEMALE SPAYED

COLOR: _____ BIRTHDATE: _____

COLOR: _____ BIRTHDATE: _____

MICROCHIP? YES NO Number _____

MICROCHIP? YES NO Number _____

PREVIOUS HEALTH PROBLEMS: _____

PREVIOUS HEALTH PROBLEMS: _____

NAME: _____

NAME: _____

SPECIES: Cat Dog BREED: _____

SPECIES: Cat Dog BREED: _____

SEX: NEUTERED MALE FEMALE SPAYED

SEX: NEUTERED MALE FEMALE SPAYED

COLOR: _____ BIRTHDATE: _____

COLOR: _____ BIRTHDATE: _____

MICROCHIP? YES NO Number _____

MICROCHIP? YES NO Number _____

PREVIOUS HEALTH PROBLEMS: _____

PREVIOUS HEALTH PROBLEMS: _____

AUTHORIZATION

I assume full responsibility for all charges incurred for the care of my pet(s). I also understand that payment is due in full at time of service, and that a deposit may be required for surgical treatment or prolonged hospitalized care. We gladly accept cash, check, VISA, MasterCard, and Discover.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____