



## ALL COUNTY ANIMAL HOSPITAL

Owners name \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Spouse/Other name \_\_\_\_\_

Spouse/Other Cell phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary E-mail Address \_\_\_\_\_

Referred by \_\_\_\_\_

**\*PLEASE PUT A CHECK MARK NEXT TO THE PRIMARY PHONE NUMBER FOR THIS ACCOUNT**

### PET INFORMATION

Pet's Name: \_\_\_\_\_ D.O.B./Age: \_\_\_\_\_

Type of Animal: Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_ (Specify) \_\_\_\_\_

Sex: Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

What brand food are you using?: \_\_\_\_\_

Current Medications (including heartworm/flea): \_\_\_\_\_

Please List Other Pets in Household: \_\_\_\_\_

### AUTHORIZATION

*I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.*

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_