

Premier Pet Hospital

OWNER INFORMATION

First Name: _____ Last Name: _____

Email: _____

Phone Number: _____

SPOUSE/CO-OWNER

First Name: _____ Last Name: _____

Email: _____

Phone Number: _____

MAILING ADDRESS

Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

PATIENT INFORMATION

Pets Name: _____ Sex: Male / Female Altered: Yes / No

Canine / Feline / Other: _____ Breed: _____

Color/Markings: _____

Birthday: ____ / ____ / ____ Age: ____ Microchip: _____

Previous Veterinarian: _____

PATIENT INFORMATION

Pets Name: _____ Sex: Male / Female Altered: Yes / No

Canine / Feline / Other: _____ Breed: _____

Color/Markings: _____

Birthday: ____ / ____ / ____ Age: ____ Microchip: _____

CONSENT: I acknowledge that the information in this form is true and correct to the best of my knowledge. I am over 18 years of age and am the legal owner of the animal(s) listed above. (If not legal owner, I have consent from the owner to provide medical care to the above listed animal(s)). I hereby authorize Premier Pet Hospital to complete owner approved treatments and agree that payment is due at the time of services provided.

PHOTO CONSENT: I hereby give permission for my and/or my pet's image to be taken while at Premier Pet Hospital (Includes: Photograph/Video). I also give permission for these images to be published by Premier Pet Hospital and/or on the world wide web (website, social media, printed publications, etc..)

CLIENT SIGNATURE: _____

DATE: _____