

DUNHAM ANIMAL HOSPITAL

Owner Information

Last Name	First Name	SS # (Last 4)
Street Address		
City	State and Zip Code	County
Home / Main Number	Spouse's Name	Spouse's Cell Number
Place of Employment		Business number
DL #	State	Email Address
Referred By: Circle One Client:	Internet	Vet Clinic: Other:

Animal Information

Species (Circle One)	Canine Avian	Feline Other:	Reptile	Breed:
Name	Sex M F	Has your pet been Spayed / Neutered ?		
Color	Birthdate	or Approxiate Age		

How long have you owned your pet? _____
Other pets in the home: _____
Is the pet primarily indoors? _____
Type of food fed: _____
Preventative medication used: Heatworm / Flea Prevention _____

You will be advised of the estimated cost and anticipated procedures. Please feel free to discuss the proposed treatment and its cost with the veterinarian. A minimum deposit of 50% of the initial estimated charges will be required for the hospitalization of a patient.

STATEMENT OF OWNERSHIP AND CONSENT: I am the owner of the above described animal or have authorization from the owner to consent to its treatment.

I hereby authorize the performance of professionally accepted diagnostic, therapeutic, anesthetic and surgical procedures necessary for these services.

I accept financial responsibility for these services.

I have read the above consent and understand why the above procedures may be necessary. I also have been told of the possible complications and alternatives to the listed procedure(s).

Signature

Date: