

Welcome to Rawls Veterinary Hospital

Thank you for choosing us to care for your pet(s). Please take a moment to complete the information below so we may keep your pet's medical records as up to date as possible. Thank you!

Owner's Information:

Last Name		First Name	Middle Initial
Street Address/PO Box		City	State Zip
Primary Phone#	Secondary Phone #		Email Address
Employer Name		Work Phone #	
Your Date of Birth		Driver's License #	
Alternate/Emergency Contact Name			Phone #

Pet(s) Information

Name	Breed	Color	Male/ Female	Spayed/ Neutered?	DOB/Age

Accepted Methods of Payment:

* Cash * Checks (requires DL on file) * Visa, MC, Disc, American Express * Care Credit

By signing below, I acknowledge that:

I am the owner or an authorized agent of the owner for the above described animal(s), and have the authority to give consent for medical treatment.

I understand that while pet(s) are in the care of Rawls Veterinary Hospital, all reasonable care will be taken to prevent injury, escape, or accidental death, but if such a case is unavoidable, I will not hold the hospital liable in any way.

I also understand that I am financially liable for any and all treatment provided my pet(s), at the time services are rendered.

Signature

Date