

WELCOME

Thank You for giving us the opportunity to care for your pet. We are happy to answer any questions you may have about your pet's health. To insure the best care possible, please take the time to complete this form. Thank you!

OWNER INFORMATION

Owner _____
Address _____
City _____ Zip _____
Home Phone _____ Cell # _____
Work Phone _____ Driver's License # _____
State _____ License Expiration Date _____
Spouse/Other _____ Cell # _____
Work Phone _____
Emergency Contact Name _____ Phone _____
How did you learn of Mountain Lore? ___ Yellow Pages ___ Sign ___ Person
If recommended, by whom? _____

PET HEALTH HISTORY

Name of Pet _____ Dog ___ Cat ___ Other
Breed _____ Color _____
Birthdate _____ Male ___ Neutered ___ Female ___ Spayed
Do you live with other pets? Please list the names(s) and type(s):

Previous veterinarian _____
Reason for today's visit _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges will be paid for at the time of release and that a deposit may be required for specialized treatment.

Signature of Owner/Agent _____ Date _____