



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

Owner/Spouse /Significant Other: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Place of Employment: _____

Emergency Contact Name/Number: _____ Extra Info: _____

How did you learn of our Clinic: Yellow Pages Sign Company Person Internet Other _____

Pet Information

	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Species (Dog, Cat)				
Breed				
Color				
Age/Date of Birth				
Sex				
Altered or Spayed				
Vaccine History:				
DHPP				
Bordetella				
Rabies				
FVRCP				
Feline Leukemia				
Previous Vet				

Photo Release: I grant Rosemont Pet Clinic, its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically. I agree that Rosemont Pet Clinic may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

The above may take photos of me and/or my pet The above may **NOT** take photos of me and/or my pet

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for any charges incurred in the care of the animal. I also understand that these charges will be paid at the time of service and that a deposit may be required for hospitalization or surgical treatment. For our client's convenience, prescription medications may be purchased at some human pharmacies. If you are interested in having your prescription filled elsewhere, please let us know.

Trained personnel will not attend or release hospitalized or medically accommodated patients beyond regular office hours.

Signature of owner: _____ Date: _____