



WELCOME! Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. We will gladly prepare a written estimate, please ask a receptionist or technician. Fees are due at the time of service. To ensure the best care possible, please fill in this form completely.

Owner's Name: _____ Spouse/Co-owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____ Spouse cell: _____

Email Address: _____

Emergency Contact: _____ Phone #: _____

Name of previous veterinarian: _____

Referral: _____

PET INFORMATION

Name	Species/Breed	Color	Sex (spayed or neutered?)	Date of Birth
1. _____				
2. _____				
3. _____				
4. _____				

I hereby authorize Patton Chapel Animal Clinic, its agents or employees to perform the surgery and or other service need on the above described animal(s) and do hereby release and forever discharge Patton Chapel Animal Clinic, its representative agents or employees from all claims and demands whatever which I have or may have against Patton Chapel Animal Clinic, its representative agents or employees by reason of said surgery administration of drugs or performance of other services any consequences resulting directly or indirectly there from. I further certify that I have ordered or have been authorized by the owner to order the above-named service for the above described animal(s) and in any event I accept full financial responsibility for the payment for services ordered and rendered. I understand that any animal not called for within ten (10) days that the hospital shall designate for its release shall be considered abandoned by me and shall be disposed of at the discretion of the hospital. My financial responsibility shall not In any way be altered by such disposal and my indebtedness shall include all charges made against such animal up to and including the day and charges for disposal of same. Should It become necessary to collect this account through an attorney the undersigned agrees to pay all costs or collector including reasonable attorney's fees.

_____ Signature _____ Date