

# PET DOCTOR<sub>x</sub>



Welcome to Pet Doctor! We are modern medicine at affordable prices! We are full service and dedicated to your pets needs. Our Doctors and Staff believe in high quality care and compassion for your pet. Thank you for trusting us with your pet. Visit our website at [WWW.PETDOCTORX.COM](http://WWW.PETDOCTORX.COM)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Spouse or Co-Owner Name and Phone: \_\_\_\_\_

\*HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

\*PREVIOUS VETERINARIAN CLINIC: \_\_\_\_\_

Patient Information			
Name	Breed		
_____	_____		

Color	Age	Sex	SPAY/NEUTERED?
_____	_____	_____	_____

Name	Breed		
_____	_____		

Color	Age	Sex	SPAY/NEUTERED?
_____	_____	_____	_____

## PLEASE READ AND SIGN THE FOLLOWING AUTHORIZATION FOR TREATMENT

*I hereby authorize Pet Doctor, LLC to render treatment that is deemed necessary to my pet(s) health while in custody of the hospital. I understand that fees are to be paid at the time of services and a deposit is required for hospitalization.*

\_\_\_\_\_

*Signature of Owner, authorized agent*

\_\_\_\_\_

*Date*