



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

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 pets 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. Veterinary personnel are NOT on the premises after hours for observation and care of the animal(s).

Signature of Owner, authorized agent

Date