



## Client Information

Name (first, last): \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Essential Pet Information

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:  Male  Female

Current vaccinations are required for pets that are dropped off or hospitalized. If vaccinations are unable to be verified, your pet will receive all required vaccines at your expense.

PetCare Animal Hospital promotes a flea/tick free environment. If fleas or ticks are noted on the exam of patients in the facility, products will be used to eliminate these parasites at your expense.

Describe concerns with your pet: \_\_\_\_\_

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List your pet's current medications (including preventions): \_\_\_\_\_

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## Authorization

A PetCare team member will contact you for a treatment plan and/or estimate.  
Please be available by phone at the above listed phone number.

I am the owner of the above animal and agree to leave my pet at PetCare for the day and return at a later point TODAY to pick up my pet and pay applicable fees.

I understand payment is due at the time services are rendered. I agree to the above terms and understand the requirements PetCare has in place regarding vaccines and parasite control.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_