



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: _____

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

Authorization

A Pet Care 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 Pet Care 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 Pet Care has in place regarding vaccines and parasite control.

Name: _____ Date: _____

Signature: _____