



## OWNER INFORMATION

Name(s): \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone#1: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone #2: \_\_\_\_\_

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

## PET INFORMATION

Pet's Name \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Dog / Cat / Other

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Male  Male Neutered  Female  Female Spayed Medications: \_\_\_\_\_

Pet's Name \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Dog / Cat / Other

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Male  Male Neutered  Female  Female Spayed Medications: \_\_\_\_\_

Pet's Name \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Dog / Cat / Other

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Male  Male Neutered  Female  Female Spayed Medications: \_\_\_\_\_

I, the undersigned, hereby authorize the staff of Folsom Village Veterinary Hospital to perform examinations, diagnostics, prescribe for, and treat my pet(s). **PAYMENTS DUE IN FULL AT THE TIME SERVICES ARE RENDERED.** I understand that if I do not pay this account as agreed, the account is subject to costs of collections and attorney fees. All NSF checks will be charged a \$35.00 fee. I assume responsibility for all charge incurred for the care of my pet(s). I understand these charges must be paid at time of release and deposits may be required for surgical treatment.

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