



WELCOME TO PRICELESS PET CLINIC

Date _____

Owner Name: _____
Partner/Co-owner Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____ Cell Phone: _____
Email: _____
Partner/Co-owner Phone: _____
Partner/Co-owner Email: _____
How did you find out about us? Whom may we thank for referring you?

Pet Health History

	Pet #1	Pet #2
Name		
Species (dog or cat)		
Breed		
Color		
Sex Spayed/Neutered		
Age or Date of Birth		

Is your pet currently on any medications? _____

When were vaccines last given?

Canine
Distemper
Leptospirosis
Bordatella
Rabies

Feline
Distemper
Feline Leukemia
Rabies

At what clinic has your pet received care previously? _____
May we call them to request records? _____

What are we seeing your pet(s) for today? _____

I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, OR TREAT THE ABOVE DESCRIBED PET(S). I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE.

Signature: _____ Date: _____