



PVH Registration/Authorization Form

Your Name: (Mr. / Mrs. / Ms.) _____

☐ **No change to address / phone / email (if checked, skip to Former Vet Clinic)**

Spouse/Co-Owner: _____ **Spouse Phone:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

E-Mail: _____ **Alt. Email:** _____

Former Veterinary Clinic: _____

Clinic Phone: _____ **Clinic email:** _____

Pet's Name: _____ **Species** (circle): Canine / Feline

Breed: _____ **Coat Color:** _____

Gender: Female / Male / Altered? ☐ (check if yes) **Age:** _____ Y/ M **DOB:** _____

Please list other pets: _____

I, the undersigned owner or authorized agent of the animal above, do hereby authorize the Pearl Veterinary Hospital, its doctor(s), and its staff to perform diagnostics and administer such treatments, either conventional or alternative, necessary for the care of my animal.

I accept financial responsibility for the treatment of the above-named patient and understand that payment in full is due upon release of the animal from Pearl Veterinary Hospital or when the service is otherwise terminated. I realize that in many cases, it is impossible to determine in advance the extent of medical or surgical treatment required for an animal. The hospital staff will attempt to estimate the cost of treatment, but it is understood that the total fee may be higher or lower than the estimate, depending on the actual treatment required.

I certify that I have read and understand this authorization, I hereby release Pearl Veterinary Hospital, its doctor(s) and its staff from any and all claims for negligence, arising out of or connected with the performance of the treatment.

☐ **I agree to receiving SMS text from Pearl Vet Hosp. Msg&Data rates may apply.**

Signature: _____ **Date:** _____

Print Name: _____