



TO TOWNSGATE PET HOSPITAL

Date: _____ / _____ / _____

Owner's First Name: _____ Owner's Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

E-mail: _____

Emergency Contact Name: _____ Phone: _____

Pet's Information:

1-Pets Name: _____ Approximate Date of Birth: _____

Species: _____ Breed: _____ Color: _____

Sex: Male Female Neutered/Spayed: Yes No

The name, and city of the previous primary veterinary clinic : _____

2-Pets Name: _____ Approximate Date of Birth: _____

Species: _____ Breed: _____ Color: _____

Sex: Male Female Neutered/Spayed: Yes No

The name, and city of the previous primary veterinary clinic : _____

Authorization:

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. 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 and that a deposit may be required for surgical treatment.

Signature of responsible party _____ Date: _____ / _____ / _____