

The Cruz'n Vet Tech, LLC

Pet owner information

Name: _____ Phone#: _____

Address: _____ City: _____ State/Zip: _____

Gate Code: _____ Email: _____

Pet information

Name: _____ Breed: _____ Color: _____

Gender: _____ Date of birth or Age _____ Spayed or neutered: Yes _____ No _____

Do you have previous medical records to share about your pet? Yes _____ No _____

Who is your primary veterinary care provider? _____

Does your pet have any pre-existing medical conditions and/or food allergies and/or sensitivities to vaccines?

Yes _____ No _____ If yes, please list medical conditions: _____

Is your pet currently taking any medications? Yes _____ No _____ If yes, please list medications.

TREATMENT AUTHORIZATION & RELEASE (of Pet listed above)

- I am the owner or responsible party of the animal listed above and have the authority to execute this consent. I hereby authorize the performance of therapeutic procedures as you determine to be necessary.
- I acknowledge the fact that all pre and post veterinary home care is my responsibility.
- I acknowledge certain procedures may require further veterinary care that may be beyond what The Cruz'n Vet Tech, LLC can offer or provide.
- I understand that some risks always exist with vaccinations and treatments and that I am encouraged to discuss any concerns I may have about those risks with you before the procedures are initiated.
- My signature on this form indicates that any questions I have regarding these issues have been answered to my satisfaction. I agree to indemnify and hold harmless The Cruz'n Vet Tech, LLC from and against any and all liability arising out of the performance of all treatments referred to above.

PAYMENT OF YOUR BILL IS DUE IN FULL AT THE TIME THE ANIMAL IS TREATED. I, THE PET OWNER, OR AGENT THEREOF, CONFIRM THAT ALL THE INFORMATION I HAVE PROVIDED ON THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____