

Veterinaire



PET CARE

Primary Owner's Name

Address

City

State

Zip Code

Primary Phone Number

Email Address

Secondary Owner's Name

Secondary Phone Number

Dog Cat

Pet's Name

Pet's Date of Birth or Age

Breed

Color(s)

Male Female Spayed/Neutered Microchipped

I hereby authorize the veterinarian(s) at Veterinaire Pet Care to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal and understand that my balance is due at the time of release. I further acknowledge that a deposit may be required for surgical treatment and/or hospitalization when necessary.

X

Owner's Signature

Today's Date