

# FOREST CREEK ANIMAL HOSPITAL

---

Owner's name: \_\_\_\_\_

Spouse/Other owner(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cellular phone: \_\_\_\_\_

Other phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Pet's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

DOG or CAT Breed: \_\_\_\_\_

MALE or FEMALE Color/Markings: \_\_\_\_\_

NEUTERED or SPAYED Previous vet: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

DOG or CAT Breed: \_\_\_\_\_

MALE or FEMALE Color/Markings: \_\_\_\_\_

NEUTERED or SPAYED Previous vet: \_\_\_\_\_

I hereby authorize the staff of Forest Creek Animal Hospital to render any treatment, which is deemed necessary to my pet(s) health while in the custody of the hospital. I understand that in the event of any unusual or emergency circumstances the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the estimate of charges provided to me in person or over the telephone. I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.

Signature: \_\_\_\_\_

Circle one:    Owner            Agent            Good Samaritan