

  
CAMDEN PET HOSPITAL

WELCOME



Date _____

Owner _____

Address _____ City _____ Zip _____

E-mail address _____

Home # _____ Wk # _____ Cell# _____

Pet's Alternate Caretaker _____ Phone # _____

How did you learn of our clinic? yellow pages sign recommendation other _____

If recommended, by whom? _____

Name of pet _____ Dog Cat Other _____

Breed _____ Color _____ Birth date (or approximate age) _____

Male Neutered

Female Spayed

Vaccination History (Date and type of last vaccinations) _____

Does your pet have a microchip? Yes No

Pet's Medical Conditions _____

Pet's Current Medications _____

Describe your pet's diet (brand/feeding schedule) _____

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 Owner _____ Date _____

Method of payment Cash Check MasterCard Visa Other _____