

**Owner Information:**

Date: \_\_\_\_\_

Owner's Name (MUST BE 18 OR OLDER) \_\_\_\_\_

Spouse's Name (MUST BE 18 OR OLDER) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

*for rabies tags*

Home Phone \_\_\_\_\_

Owner's Cell \_\_\_\_\_ Spouse's Cell \_\_\_\_\_

Additional person(s) allowed to make medical/grooming decisions for my pet(s) (MUST BE 18 OR OLDER)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Current E-Mail Address (for reminders only) :**

Should the need arise; do you authorize Pet Vet, Inc. to share your pet(s) records with other veterinarians, boarding facilities, &/or grooming facilities? Initial here to approve \_\_\_\_\_

**Pet Information:**

**Vaccine History (staff use only)**

# \_\_\_\_\_

Name \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Sex \_\_\_\_\_ Altered? Yes / No

Age or Birth Date \_\_\_\_\_

Wt \_\_\_\_\_ T \_\_\_\_\_

Current on vaccines? (DHPP, KCV, Lepto, RV, CVRC, FELV) Yes / No

Cats: Indoor / Outdoor / Both

*Invoicing (staff use only)*