

# Patterson Veterinary Hospital

## Owner

OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OWNER'S DRIVERS LICENSE/ ID# \_\_\_\_\_

OWNER BIRTHDATE: \_\_\_\_\_

(OWNER DATE OF BIRTH NEEDED TO DISPENSE CONTROLLED DRUGS)

## Pet

NAME OF PET: \_\_\_\_\_ DOG \_\_\_ CAT \_\_\_ OTHER \_\_\_

AGE/ BIRTHDATE: \_\_\_\_\_ BREED: \_\_\_\_\_

PLEASE CIRCLE ONE:      MALE/FEMALE      NEUTERED/SPAYED

COLOR: \_\_\_\_\_

I hereby authorize Dr. Herman, DVM and staff to examine, prescribe for, or treat any pet I present to this office. I acknowledge that I am a legal adult age 18 or older and I assume all responsibility for all charges incurred in the care of said pet(s). *I also understand that all charges will be paid at the time of service, and a 50% deposit will be required for hospitalization.* By providing an email address and/cell phone number, you may occasionally receive discount notifications from our hospital only. You may opt out at any time. Patterson veterinary hospital occasionally displays pictures of your pets on social media and offers. If you wish your pets picture be kept confidential, please notify a staff member. **By signing below, I am confirming I have read the above and agree.**

SIGN \_\_\_\_\_

HERE: \_\_\_\_\_

