

Welcome to Ridgway Animal Hospital

Client Information

Name _____ Phone Number _____

Spouse/Other Name _____

Mailing Address _____

Physical Address _____

Email Address _____

Emergency Contact _____

Pet Information

Name _____ Age/DOB _____ Species _____

Breed _____ Color _____ Sex _____ Spayed/Neutered Y N

Current Medications _____

Diet and treats _____

History of reactions to vaccines or medications _____

List any major surgeries _____

Please Provide Contact Name and/or Phone Number for Your Previous Veterinarian

Veterinarian or Hospital Name _____

Clinic Phone Number _____

Other Pets _____

Consent

As the owner or agent of the owner of the above animal, I hereby give my consent to Ridgway Animal Hospital to examine, prescribe medications, sedate, anesthetize, and/or perform procedures on this patient per our discussion with the veterinarian.

I understand that during the performance of these procedure(s), unforeseen conditions may be revealed that necessitate an extension or variance of the procedure(s) set forth above. I expect Ridgway Animal Hospital to use reasonable care and judgment in performing the procedure(s). The nature(s) of the procedure(s) and risks involved have been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal.

Signature of Owner/Agent

Date