



Additional Patient Form (Former Clients Only)

Your Name _____

Owner's information below to be filled out ONLY if updates are necessary.

Home Address _____ Apt # _____

City _____ State _____ Zip Code _____

Primary Phone # _____ Home Cell Work



New Patient(s)

I. Pet Name _____ Species Canine Feline

Breed _____ Date of Birth/Age _____ Color _____

Sex Male Female Neutered/ Spayed Yes No

Presenting Problem/Special Needs/ Concerns: _____

II. Pet Name _____ Species Canine Feline

Breed _____ Date of Birth/Age _____ Color _____

Sex Male Female Neutered/ Spayed Yes No

Presenting Problem/Special Needs/ Concerns: _____

I, the undersigned, am the owner (or duly authorized agent for the owner) of the animal described above. I hereby authorize Pet Lovers Animal Hospital to render medical care for my pet(s) as deemed necessary by the veterinarian. I understand that no guarantee can be given to the outcome of treatments and take it as my responsibility to comprehend any risks involved. I understand overnight medical care is not available at this facility and agree to pay for the cost of all services to which I consent to by written or verbal estimate. I understand that payment is required in full at the time of service.

Signature of responsible party

Date