



**ROCKY MOUNTAIN**  
**SMALL ANIMAL HOSPITAL P.C.**



**CLIENT / PET INFORMATION SHEET**

Owner's Name: \_\_\_\_\_  
Last Name First Name MI

Spouse's Name: \_\_\_\_\_  
Last Name First Name MI

Address: \_\_\_\_\_  
Street City State Zip

Phone #: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work Cell

Spouse's Work #: (\_\_\_\_) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Driver's Lic. # _____ State: _____ Expiration Date: _____	Spouse DL#: _____ State: _____ Expiration Date: _____
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**Referred By:**  Friend  Company  Hospital Sign  Yellow Pages  Newspaper  Internet  
 Whom may we Thank: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
 Species: (Cat/Dog etc.) \_\_\_\_\_ Sex:  M  F  Spayed/Neutered Birthdate: \_\_\_\_\_  
 Reason for Visit / Medical Problems: \_\_\_\_\_ Microchip #: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
 Species: (Cat/Dog etc.) \_\_\_\_\_ Sex:  M  F  Spayed/Neutered Birthdate: \_\_\_\_\_  
 Reason for Visit / Medical Problems: \_\_\_\_\_ Microchip #: \_\_\_\_\_

**Please Read and Sign The Following Authorization for Treatment:**

I hereby authorize the staff of Rocky Mountain Small Hospital P.C. to render any treatment which is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. **I understand that professional fees are to be paid at the time services are rendered and a deposit may be required for all pets admitted to the hospital.**

 \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Owner