



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: _____
--	--


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