

Hillcrest Animal Hospital

Client Information

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

House phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Other Authorized Persons 1: _____ Phone: _____

Other Authorized Persons 2: _____ Phone: _____

Pet Name	Breed	Female/Male Spayed/Neutered	Color	Date of Birth

Comments:

I, the undersigned, authorize the veterinarian(s) and their staff to examine the patient specifically described and identified above and to administer any medical treatments considered necessary based on findings during the course of the examination. I also assume responsibility for all charges incurred for services rendered to the patient. I understand that there is a \$25.00 service charge for returned checks.

Signature of Owner: _____

Date: _____