

Crossroads Veterinary Hospital

Today's Date: _____

Patient's Information:

Patient Name: _____

Breed: _____ Color: _____

Birthday: _____ SEX: MALE / FEMALE NEUTERED / SPAYED

Microchip Number: _____

Owner's Information:

Owner's Name: _____ Cell: _____

Spouse/Other: _____ Cell: _____

Address: _____ City, State: _____ Zip: _____

Email: _____



Authorization:

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment and/or boarding services.

Signature of Owner: _____ Date: _____