

Dunham Animal Hospital

Owner Information

Last Name:		First Name:		Suffix:	
Street Address:					
City:		State and Zip Code:		County:	
Main Phone #:		Cell/Alternate Phone #:	Work Phone #:		
Spouse's Name:			Spouse's Phone #:		
Email Address:					
Referred By: Check One Client (Name):	Internet	Vet Clinic (Name):	Drive-By / Walk-in	Other	

Animal Information

Species (Check One):	Canine	Feline	Reptile	Breed:	
	Avian	Other:			
Name:	Sex:	Has your pet been Spayed/ Neutered: Y N			
	M F				
Color:	Birthdate or Approximate Age:				

How long have you owned your pet?	
Other pets in the home:	
Is pet primarily indoors?	
Type of food fed:	
Preventative medication used: Heartworm / Flea Prevention	

You will be advised of the estimated cost and anticipated procedures. Please feel free to discuss the proposed treatment and its cost with the veterinarian. A minimum deposit of 50% of the initial estimated charges will be required for the hospitalization of a patient.

STATEMENT OF OWNERSHIP AND CONSENT:

- I am the owner of the above-described animal or have authorization from the owner to consent to its treatment.

- I hereby authorize the performance of professionally accepted diagnostic, therapeutic, anesthetic and surgical procedures necessary for these services.
- I accept financial responsibility for these services.
- I have read the above consent and understand why the above procedures may be necessary. I also have been told of the possible complications and alternatives to the listed procedure(s).

Signature

Date:
