



MOUNT ROSE
ANIMAL HOSPITAL

Welcome to Mount Rose Animal Hospital !

Your Name: _____ Phone Number : _____

New Pet Information

Pet Name: _____ Dog Cat Other _____

Breed: _____ Age: _____ Birthdate: _____

Sex: _____ Spayed/Neutered: Yes No Color: _____

Describe your pet's diet: _____

List your pet's current medications: _____

Your pet is very important to us, is there any additional information you would like us to know? _____

Additional Pet(s)

Pet Name: _____ Dog Cat Other _____

Breed: _____ Age: _____ Birthdate: _____

Sex: _____ Spayed/Neutered: Yes No Color: _____

Describe your pet's diet: _____

List your pet's current medications: _____

Your pet is very important to us, is there any additional information you would like us to know? _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature: _____ Date: _____