

Emergency Contact Information

Number I can be reached at: _____

Emergency Contact Person

Name of Person: _____ Phone Number: _____

(This person is authorized to approve treatment if owner is unreachable)

I give permission for our Veterinarian to evaluate and treat **emergency medical problems** at the appropriate fees, which will be applied, and due at the time of pick up.

(CIRCLE ONE)

- NO
- YES
- CALL FIRST (Phone #: _____)

I give permission for our Veterinarian to treat **non-emergency, unexpected medical problems** at the appropriate fees which will be applied and due at the time of pick up.

(CIRCLE ONE)

- NO
- YES
- CALL FIRST (Phone #: _____)

MEDICATIONS (\$1.00 PER ADMINISTRATION)

Pet Name: _____

Pet Name: _____

1) _____ Directions: _____
Directions: _____

1) _____

2) _____ Directions: _____
Directions: _____

2) _____

ITEMS BROUGHT WITH PET

Pet Name: _____

Leash	Y	N	Color _____	Collar	Y	N	Color _____
Blanket	Y	N	Color _____	Toy(s)	Y	N	Description/How Many? _____

Pet Name: _____

Leash	Y	N	Color _____	Collar	Y	N	Color _____
Blanket	Y	N	Color _____	Toy(s)	Y	N	Description/How Many? _____

FEEDING

Brought Food YES NO Brought Treats (Chews/Rawhides) YES NO

Directions: _____ Directions: _____

Who is authorized to pick up your pet: _____

Signature of Owner/Agent: _____

CHECKED IN BY: _____ (This form is filled out completely)