



Client Information

First Name _____ Last Name _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Primary Number _____ Home/Work _____

Appointment Reminder Preference Call Text

Text Messaging Consent Agreement

By selecting the "Text" option, you consent to receive recurring text messages from Roper Mountain Animal Hospital. These messages will be limited to appointment reminders. We will only contact you by text for other matters if you request that form of communication. Examples include notifications for prescriptions ready for pick up or other relevant updates pertaining to your pet. Message frequency may vary. Reply "STOP" to cancel or "HELP" for assistance at any time. Standard message and data rates may apply.

Social Media Consent

I give Roper Mountain Animal Hospital permission to share my pets picture on social media.
(No personal information will be shared aside from your pet's name.) Yes No

Authorized Caregiver/Secondary Owner

*List any individual who is authorized to make decisions regarding your pet's care. This may include approving treatments, picking up medications, or receiving updates about your pet's condition.

First/Last Name _____

Telephone Number _____ Email _____ Relationship to owner _____

Emergency Contact Information

*Provide the name and contact information of someone we can reach if we are unable to contact you. This may apply when your pet is dropped off for treatment or boarding. We will reconfirm this information at drop-off or check-in to ensure it is up to date.

Emergency Contact First/Last Name _____ Telephone Number _____

Pet Information

Name _____ Sex _____

Spayed Neutered
 Yes No

Species _____ Breed _____

Color _____

Previous Vet Name: _____

Age/DOB: _____

Please circle any symptoms that you may have noticed about your pet.

- | | | | | | |
|------------------|---------------------|-------------------|----------|--------------|----------|
| Bad Breath | Bleeding Gums | Coughing | Diarrhea | Eye Problems | Vomiting |
| Gagging | Loss of Appetite | Limping | Scotting | Scratching | Sneezing |
| Increased Thirst | Increased Urination | Behavior Problems | | | |

I hear by authorize Roper Mountain Animal Hospital to examine, prescribe for, or treat the above described pet. I assume responsibility for charges incurred in the care of this animal. I understand that these charges must be paid for by the date of release.

Name _____ Signature _____ Date _____