



Last Name	First Name	MI
Emergency Contact First/Last	Phone Number	Spouse first/last name:
Address		Spouse Phone Number:
City	State	Zip
Email		
Home Phone	Work Phone	Cell Phone
Preferred contact method: Cell Phone Home Phone Work Phone Email		Permission to contact via text
I give Roper Mountain Animal Hospital permission to post my pets picture on social media.		
Previous Vet Name:	Phone Number:	

Pet's Name	Species	Sex	Birthdate
Breed	Color	Neutered / Spayed	Age

List any allergies:

Please check any symptoms that you may have noticed about your pet

Bad Breath	Bleeding Gums	Coughing	Diarrhea	Eye Problems	Gagging	Loss of Appetite		
Behavior Issues	Breathing Problems	Limping	Loss of Balance	Scoting	Scratching	Sneezing	Vomiting	Increased thirst/urination

I hereby 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.

Print your name	Signature	Date:
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**** PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED ****