Welcome to Forest Animal Hospital

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment or hospitalization of the animal. **WE DO NOT CHARGE.**

Signature of Owner/Agent_____Date_____

Method of Payment:

Please circle

Cash Check Debit Card Credit Card

Owner Information

Name_____ Spouse/Other_____

Address_____City_____State_____Zip_____

Home #_____Work_____Cell_____

Employer's Name_____

Pet's History

Name_____Date of Birth/Age_____

Breed_____Color_____

_____Male _____Male Neutered _____Female _____Female Spayed

Current on Vaccinations _____Yes _____No

At what clinic_____