

South Mountain Vet Clinic

Owner's Names \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip code \_\_\_\_\_  
Phone number: Home \_\_\_\_\_ Cell \_\_\_\_\_  
Work/other phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_  
Do you have pet insurance? \_\_\_\_\_ Name of insurance \_\_\_\_\_  
Name/address/phone of previous vet \_\_\_\_\_  
\_\_\_\_\_

**Patient Info:**

**Pet #1**  
Name \_\_\_\_\_ Species: Dog Cat Breed: \_\_\_\_\_  
Birthdate/Age: \_\_\_\_\_ Sex: M F Spayed Neutered Color \_\_\_\_\_  
Is your pet microchipped? Y N # \_\_\_\_\_  
History: Date of last  
(Dog) DHPP \_\_\_\_\_ Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_ Heartworm test \_\_\_\_\_ Fecal \_\_\_\_\_  
(Cat) FVRCP \_\_\_\_\_ Rabies \_\_\_\_\_ FeLV \_\_\_\_\_ FeLV/FIV test \_\_\_\_\_ Fecal \_\_\_\_\_

**Pet # 2**  
Name \_\_\_\_\_ Species: Dog Cat Breed: \_\_\_\_\_  
Birthdate/Age: \_\_\_\_\_ Sex: M F Spayed Neutered Color \_\_\_\_\_  
Is your pet microchipped? Y N # \_\_\_\_\_  
History: Date of last  
(Dog) DHPP \_\_\_\_\_ Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_ Heartworm test \_\_\_\_\_ Fecal \_\_\_\_\_  
(Cat) FVRCP \_\_\_\_\_ Rabies \_\_\_\_\_ FeLV \_\_\_\_\_ FeLV/FIV test \_\_\_\_\_ Fecal \_\_\_\_\_

**Pet # 3**  
Name \_\_\_\_\_ Species: Dog Cat Breed: \_\_\_\_\_  
Birthdate/Age: \_\_\_\_\_ Sex: M F Spayed Neutered Color \_\_\_\_\_  
Is your pet microchipped? Y N # \_\_\_\_\_  
History: Date of last  
(Dog) DHPP \_\_\_\_\_ Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_ Heartworm test \_\_\_\_\_ Fecal \_\_\_\_\_  
(Cat) FVRCP \_\_\_\_\_ Rabies \_\_\_\_\_ FeLV \_\_\_\_\_ FeLV/FIV test \_\_\_\_\_ Fecal \_\_\_\_\_

**Notice:**

We do not have a night attendant. We will only hospitalize animals that do not need treatment while we are closed. Should your pet require 24-hour care, he or she may be transferred to a 24-hour facility for monitoring.

**Authorization:**

I hereby authorize the veterinarian(s) to examine, prescribe for, and treat the above pet(s), and any others I should acquire. I assume responsibility for all charges incurred in the care of said animals. I also understand that these charges will be paid at the time of release and that a deposit may be required for certain procedures. I understand that trained personnel will not attend boarded or hospitalized patients beyond regular business hours.

Signature of owner/agent \_\_\_\_\_ Date \_\_\_\_\_