

Welcome to Sarver Animal Hospital

Patient Information Form

Name: _____ Species: *Dog / Cat / Other*

Breed: _____ Color: _____

Date of Birth or Age: _____ Does your pet have a microchip? *Yes / No*

Gender: *Male / Neutered Male / Female / Spayed Female / Unknown*

- Does your pet have any food or environmental allergies? *No / Yes* If yes, please describe: _____

- Has your pet ever had a reaction to a vaccine or medication? *No / Yes* If yes, please describe: _____

- Does your pet have any chronic medical conditions or history of a major surgery? *No / Yes* If yes,

please describe: _____

- Do you give your pet any medications, supplements, or parasite preventatives? *No / Yes* If yes,

please list: _____

- Do you have pet insurance for this pet? *No / Yes* If yes, which company? _____

- Which veterinarian can we call to obtain your pet's medical records? _____

I hereby authorize the veterinarian to examine, prescribe, and treat the above described animal.

Owner First & Last Name (Please Print): _____

Owner Signature: _____ Date: _____

I grant to Sarver Animal Hospital and its employees the right to take photo or video images of my pet, and to copyright, use, and publish the same in print and/or electronically. I agree that Sarver Animal Hospital may use such images of my pet (with pet's first name) for any lawful purpose, including but not limited to: education, publicity, illustration, advertising, and Web content.

I approve _____ (*Initial Here*)

I decline _____ (*Initial Here*)