



# WELCOME

## ROGERS ANIMAL HOSPITAL

**ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED  
WE DO NOT HAVE PAYMENT PLANS.**

How will you be paying today?       Cash       Check       Credit Card

### OWNER INFORMATION

Owner \_\_\_\_\_ D.O.B. \_\_\_\_\_ DL# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Spouses Name \_\_\_\_\_ DL# \_\_\_\_\_ Work # \_\_\_\_\_

E-Mail address for shot reminders: \_\_\_\_\_

How did you hear about us?    Yellow Pages    Sign    Other   Recommendation \_\_\_\_\_

### PET INFORMATION

Name of pet \_\_\_\_\_    Dog    Cat    Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_  
 Male       Neutered       Female       Spayed

Name of pet \_\_\_\_\_    Dog    Cat    Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_  
 Male       Neutered       Female       Spayed

Name of pet \_\_\_\_\_    Dog    Cat    Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_  
 Male       Neutered       Female       Spayed

### AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. The clinic and staff will not be held liable for any problems that develop with my pet, provided reasonable care and precautions are followed. I understand any problem that develops with my pet while I am absent will be treated as deemed best by the staff veterinarians. I assume full responsibility for all charges incurred in the care of this animal. If I neglect to pick up my pet within 5 days of their release date and I do not notify you within that time frame, you may assume the pet is abandoned and are hereby authorized to dispose of the pet as you deem best. I authorize, Rogers Animal Hospital to post photos and comments on Facebook.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_