



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# _____ (Cell) _____

Spouses Name _____ D.O.B. _____ DL# _____ (Cell) _____

Phone # (Home) _____ (Work) _____ (Spouse's Work) _____

Address _____

City _____ St _____ Zip _____

E-Mail address(es) 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(s). 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 social media such as RogersAnimalHospital.com, Facebook, etc.

Signature of Owner _____ Date _____