

**DUNHAM ANIMAL HOSPITAL**

**Owner Information**

Last Name		First Name		SS # (Last 4)
Street Address				
City		State and Zip Code		County
Home / Main Number		Spouse's Name		Spouse's Cell Number
Place of Employment				Business number
DL #	State	Email Address		
Referred By: Circle One				
Client:	Internet	Vet Clinic:	Other:	

**Animal Information**

Species (Circle One)	Canine Avian	Feline Other:	Reptile	Breed:
Name	Sex M F	Has your pet been Spayed / Neutered ?		
Color	Birthdate or Approxiate Age			

How long have you owned your pet? \_\_\_\_\_

Other pets in the home: \_\_\_\_\_

Is the pet primarily indoors? \_\_\_\_\_

Type of food fed: \_\_\_\_\_

Preventative medication used: Heatworm / Flea Prevention \_\_\_\_\_

You will be advised of the estimated cost and anticipated procedures. Please feel free to discuss the proposed treatment and its cost with the veterinarian. A minimum deposit of 50% of the initial estimated charges will be required for the hospitalization of a patient.

**STATEMENT OF OWNERSHIP AND CONSENT:** I am the owner of the above described animal or have authorization from the owner to consent to its treatment.

I hereby authorize the performance of professionally accepted diagnostic, therapeutic, anesthetic and surgical procedures necessary for these services.

I accept financial responsibility for these services.

I have read the above consent and understand why the above procedures may be necessary. I also have been told of the possible complications and alternatives to the listed procedure(s).

Signature \_\_\_\_\_

Date: \_\_\_\_\_