



RED BUTTE
VETERINARY CARE

Owner's Name: _____

Address: _____ City: _____ Zip: _____

Primary Phone (H/C): _____ 2nd Phone: (H/C) _____

Spouse Name: _____ Spouse Phone: _____

E-Mail Address: _____ Best way to be contacted? Phone: Email:

How did you hear about us: _____ If Referred, by Whom? _____

Number of pets: Dogs _____ Cats _____ Other (Specify) _____

Reason for visit: _____

1. Name of pet: _____ Dog Cat Other _____

Breed: _____ Color: _____ Birthdate/age: _____

Male Neutered Female Spayed

2. Name of pet: _____ Dog Cat Other _____

Breed: _____ Color: _____ Birthdate/age: _____

Male Neutered Female Spayed

3. Name of pet: _____ Dog Cat Other _____

Breed: _____ Color: _____ Birthdate/age: _____

Male Neutered Female Spayed

***Previous/other veterinary clinic (if here for grooming, we only need this information to obtain vaccine records)** _____ May we contact them for records? Yes No

Authorization

I give Red Butte Veterinary Care permission to obtain my pets previous medical records and I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal and understand that all payments are due at the time of services rendered.

Signature of Owner: _____ **Date** _____

Do we have permission to share photos of your pets on our social media?

Yes or No

