



# Sears Veterinary Hospital

565 west Avenue 9 • Lancaster Ca, 93534 • (661) 948-5911

Owner's Name [Last, First] \_\_\_\_\_ Spouse \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work Number ( ) \_\_\_\_\_

Drivers License # \_\_\_\_\_ Owners Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1.) Pets Name \_\_\_\_\_  Dog  Cat/ Male or  Female /Date of Birth \_\_\_\_\_

2.) Pets Name \_\_\_\_\_  Dog  Cat/ Male or  Female /Date of Birth \_\_\_\_\_

3.) Pets Name \_\_\_\_\_  Dog  Cat/ Male or  Female /Date of Birth \_\_\_\_\_

**Feline:** 1.) Long Hair  or Short Hair  2.) Long Hair  or Short Hair  3.) Long Hair  or Short Hair

**Canine:** Breed 1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

Colors 1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

**Altered (Neutered or Spayed):** 1.)  Yes or  No 2.)  Yes or  No 3.)  Yes or  No

Up to date on Vaccinations? **Yes  or No**  Date of last Vaccine (Approximate) \_\_\_\_\_

**Reason for visit** \_\_\_\_\_

## To sears Veterinary Hospital

I am the Owner of the animal(s) presented or am responsible for and have authority to execute this consent. I hereby also authorize the use of such anesthetics as you deem advisable and performance of such surgical, therapeutic, or diagnostic procedures as you determine to be indicated. I agree to indemnify and hold you harmless from and against any and all liability arising out of the performance of any and all procedures requested or required.

**Note:** During the night-time hours, this hospital has no attendant or veterinarian on the premises, However, private duty attendants are available at extra cost if client so desires.

Owner's signature \_\_\_\_\_ Today's date \_\_\_\_\_

Referred by \_\_\_\_\_