



Welcome to Green Mountain Animal Hospital

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. Please fill in this form as completely as possible. Thank you!

Owner _____

Address _____ City _____ Zip _____

Primary Phone _____ Home Cell Work

Secondary Phone _____ Home Cell Work

How did you find our clinic? Recommendation Clinic Location Website Yellow Pages

If recommended, whom may we thank? _____

Pet Health History

Pet Name _____ Dog Cat Other _____

Breed _____ Color _____ Age or Birthday _____

Male Neutered Female Spayed

Previous Vaccination History _____

Pet's Current Medications _____

Reason for Visit _____

Pet Name _____ Dog Cat Other _____

Breed _____ Color _____ Age or Birthday _____

Male Neutered Female Spayed

Previous Vaccination Date/Veterinarian _____

Pet's Current Medications _____

Reason for Visit _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the pet(s) I described above. I assume responsibility for all charges incurred during the hospital's care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment or surgery.

Signature of Owner _____ Date _____