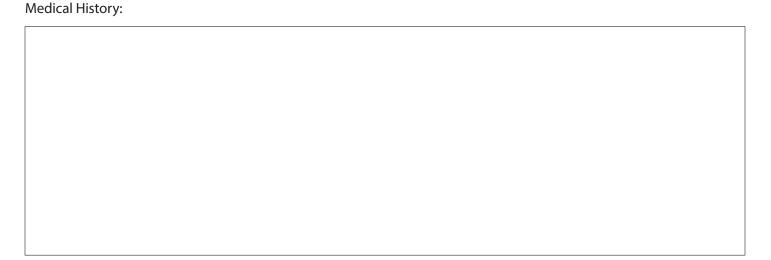


Date of Appointment		
		AM PM
Date (Month / Day / Year)	Hour / Minutes	
Owner Information		
First Name	Last Name	
Phone Number	Email Address	
Temporary Guardian's Information (Pet Sitter, Ke	ennel, etc.)	
First Name	Last Name	
Phone Number	-	
Permissions		
I, give permission to	TEMPORARY GUARDIAN'S FULL NAME	cisions on treatment for
during my absence based or	n the recommendations from the atter	nding Veterinarian in the
event that I cannot be reached in a timely manner during	g a medical or surgical emergency. Thi	s authorization
include decisions regarding humane e	uthanasia of my named pet(s).	
I,accept all financial resp		
reach me for permission are unsuccessful. I request that	efforts be taken to keep these costs be	blow \$
I am aware that there may be situations where the initial	and ongoing care necessary to keep m	y pet(s) comfortable and
to prevent their condition from further deteriorating whil	e attempts are made to contact me ma	ay exceed this amount.

Pet Medical History		
Pet Name		
Age	Species	Microchip Number
Sex: 🗌 Male 🗌 Female		
Spayed or Neutered? 🗌 Spayed	Neutered Intact	
Pet is mainly indoor or outdoor?	Indoor 🗌 Outdoor 🗌 Both	
Vaccine Status: 🗌 Up to date 🗌	Due / Overdue 🗌 Not sure	



Please include previous illnesses/surgeries/hospitalizations, current/ongoing illnesses, any prior relatable history, allergies/reactions to medications, current medications/supplements (include dosages, frequency and duration of treatment).