Client #	
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MINNESOTA VALLEY PET HOSPITAL

NEW OWNER/PATIENT INFORMATION

Home Phone: _____ Owner's Name ______ Cell Phone :_____ Co-Owner's Name _____ Work Phone : ____ Street: Email _____ City: State: Zip: If requested, I authorize MVPH, its representatives and employees to release my pet's records to groomers, boarding facilities, veterinary hospitals and foster/humane societies. YES I grant MVPH, its representatives and employees the right to take photos of me and/or my pet and to copyright, use and publish the same in print and/or electronically for such purposes as publicity, illustration, advertising and WEB content. YES Pet's Name: <u>Canine</u> Breed: Sex: M / F Spayed or Neutered: N / Y Birth Date : _____ Color/Markings _____ Is your pet microchipped? N / Y Microchip Number _____ I assume responsibility for all charges incurred in the 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 surgical treatment. Owner or Responsible Party Date Given Rabies DA2PP Bordt Lepto Lyme 4 DX **Fecal** Influenza FOR DOCTOR USE ONLY - Diagnosis/Medical Problem Date