

Welcome To
Renfro Veterinary Services, Inc.

Owner _____ Drivers License Number _____

Co-Owner _____ Drivers License Number _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Place _____ Work Phone _____

Email address: _____

How did you become aware of our clinic? Drove By Phone Book
 Personal recommendation by: _____

Pet History

Pet's Name _____ Dog Cat

Male Neutered Female Spayed

Breed _____ Color _____

Date of Birth or Age _____

Has your pet been seen previously by another veterinarian? _____

If so may we obtain records? _____ Name of veterinarian? _____

Is your pet currently on medication? (Please list) _____

Has your pet had any adverse reaction to medications, vaccines, anesthesia, food, etc?

Describe your pet's diet: (Brand of food, treats, table scraps, etc.) _____

Authorization

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 the animal. I also understand these charges will be paid at the times of release and that a deposit may be required for extensive medical or surgical treatment.

Preferred Method of Payment: Cash Check Visa MasterCard

Signature of owner _____ Date _____