

Welcome:

To

The Bantam Lake Animal Hospital

and

Thomaston Veterinary Clinic

" Where your pets are treated as family"

*Name _____ Spouse _____

*Address _____ *Town _____ *State _____ *Zip _____

*Phone () _____ Work() _____ Other() _____

*Driver License Number _____ State _____ Expiration _____

*Social Security Number _____ Spouse Soc. Sec. Number _____

*Occupation _____ Spouse Occ. _____

*Place of Employment _____

Spouse Place of Employment _____

Pets Name _____

DOG CAT BIRD REPTILE OTHER _____

BREED _____ Date Of Birth _____ SEX: MALE () Female ()
Neutered() Spayed ()

Color _____

Previous Health Problems: _____

The Individual signing this document represents that he/she is the owner (or agent of the owner) of the animal described above. I understand that by signing this document I am assuming *full financial responsibility for all services rendered* by the Bantam Lake Animal Hospital / Thomaston Veterinary Clinic

Owner _____ Dated _____