



Date: _____

Case #: _____

**Parsons Pet Hospital
Eva I. Dudek, D.V.M.
5021 Main Street
Parsons, KS 67357
620-421-1566**

Owner's Name: _____ Pet's Name: _____

Significant Other: _____ Species: _____

Address: _____ Breed: _____

City: _____ ST: _____ ZIP: _____ Color: _____

Phone: _____ Sex: _____ Altered? Yes No

Cell Phone: _____ Pet's Birth Date: _____

Email Address: _____

Emergency Contact: _____

Employer's Name: _____

Employer's Phone: _____

Where does your pet spend most of the time? Indoors _____ Outdoors _____ Yard _____ Chain _____

Brand of Food: _____ How often/amount is pet fed? _____

Do you have any other pets? Yes / No If yes, please describe: _____

Pets general behavior towards other people/animals? _____

Previous Medical Problems: _____

Are they on Heartworm Prevention? Yes / No

I, being responsible for the above described animal, having been informed of the treatments needed and the estimated costs, have the authority to grant you my consent to receive, prescribe for, treat and/or operate upon my pet. You are to use all reasonable precautions against injury, escape, or death of my pet, but you will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks.

All charges, including boarding costs, shall be paid upon release from the clinic. If the pet is not called for within 5 days after the time specified for return and the doctor is not notified in writing of an alternate date within the 5 day period, the animal will be considered abandoned and may be dealt with as the doctor sees fit. It is understood that this **DOES NOT** relieve me from paying all the costs of your services and use of the clinic, including the cost of boarding.

After carefully reading the above, I have signed in agreement.

Signature of owner or responsible party: _____

Drivers License #: _____