



The Medical Professionals at Hill Country Veterinary Hospital thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health care needs. To insure the best care possible, *please fill in this form completely.*

OWNER: _____

ADDRESS: _____
(Mailing) **Street** **City** **State** **Zip**

SPOUSE/PARTNER'S NAME: _____

HOME PHONE: _____ **WORK PHONE:** _____

CELL PHONE: _____ **ALT PHONE:** _____

SPOUSE/PARTNER'S CELL PHONE: _____ **ALT PHONE:** _____

DRIVER'S LICENSE #: _____ **DOB:** _____

SPOUSE/PARTNER'S DRIVER'S LICENSE #: _____ **DOB:** _____

ALTERNATE CONTACT: _____ **PHONE:** _____

E-Mail Address: _____

I hereby authorize Hill Country Vet Hospital to release vaccination, and medical information for ALL OF MY PETS if contacted by another veterinary hospital, grooming facility, boarding facility, animal adoption center, or animal control officer.

YES _____
(Initials)

NO _____
(Initials)

X _____

DATE _____

Signature of owner, and or spouse/partner