



Sunset Canyon Veterinary Clinic

Owner's Name: _____
Last Name First Name MI Spouse/Co-Owner's Name

Address: _____
Number Street City State Zip Code

Phone Numbers: _____
Home Cell Other

Email: _____ Drivers License # _____ State: _____

D.O.B _____ Previous Veterinarian(s) _____
Name of Clinic City, State Phone Number

Pet Name _____ Species: _____ Breed: _____
 Color: _____ Gender: Male/Neutered Female/Spayed (Please Circle One)
 Approximate Date of Birth: _____ Microchip/Tattoo #: _____
 Current Medications/Conditions: _____

Pet Name _____ Species: _____ Breed: _____
 Color: _____ Gender: Male/Neutered Female/Spayed (Please Circle One)
 Approximate Date of Birth: _____ Microchip/Tattoo #: _____
 Current Medications/Conditions: _____

Pet Name _____ Species: _____ Breed: _____
 Color: _____ Gender: Male/Neutered Female/Spayed (Please Circle One)
 Approximate Date of Birth: _____ Microchip/Tattoo #: _____
 Current Medications/Conditions: _____

Thank you for choosing our veterinary clinic. We pride ourselves in offering superior quality medical care and emphasize preventative medicine. We look forward to serving you and caring for your pet's needs for many years to come.

Please Sign The Following Authorization for Treatment:

I hereby authorize Sunset Canyon Veterinary Clinic and its veterinarians to examine, prescribe for, and treat my pets. I release Sunset Canyon Veterinary Hospital and its veterinarians from any liability related to any such care. I assume full responsibility for all charges incurred and I understand that a deposit may be required for hospitalization and/or treatment. **I understand that all payment is due when services are rendered and agree to pay for services. For your convenience we accept VISA, MASTERCARD, DISCOVER and CARE CREDIT.** Please note that we do not carry open accounts and a minimum of \$2.00 and a maximum of 1 ½ % will be applied to all accounts with a balance beyond 30 days.

I authorize Sunset Canyon Veterinary Hospital to use my pet's likeness for marketing purposes, including but not limited to use on their website and Facebook page: Yes No

Signature of Owner or Financially Responsible Party:
(Must Be 18 Years or Older): _____ **Today's Date:** _____