Nasa Pet Hospital
16902 North Hwy 3
Webster, TX 77598
281-332-3418

Please Check One: _____New Client _____Current Client-New Pet

Name:_____
Last First Middle Initial

Address:_____
City Zip

Phone Number:_____
Home Work Emergency

Spouse/Co-Owner Name:_____ Referred By:_____

Do we have your permission to release your medical records to other facilities (i.e. boarding or grooming) upon phone request? Yes:_____ No:_____

PET 1	**PET 2**
Name:_____	**Name:**_____
Birth Date:_____	**Birth Date:**_____
Spayed or Neutered: Yes____ No____	**Spayed or Neutered: Yes____ No____**
Species: Dog___ Cat___ Other___	**Species: Dog___ Cat___ Other___**
Breed:_____ **Sex:**_____	**Breed:**_____ **Sex:**_____
Color:_____	**Color:**_____
Date Last Vaccination:_____	**Date Last Vaccination:**_____
Last Rabies Vaccination:_____	**Last Rabies Vaccination:**_____
Current Meds if any:_____	**Current Meds if any:**_____

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pets. I assume responsibility for all charges incurred in the care of this animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatments.

Signature of Owner or Agent:_____**Date:**_____