

**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: _____