



Owner Information

First Name	Last Name
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Address

City	State
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Zip Code	Email
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Home Phone	Cell Phone
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Fax

Employer	Occupation
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Driver's License Number	Referred By
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Notes

Authorization: I hereby authorize the veterinarian to examine, prescribe for, or treat the above pets. I accept full responsibility for the actions of the above pets, including any wounds they may inflict on persons other than Dr. Benbow and staff. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. An unpaid or defaulted account may incur late and/or re-billing fees. There will be a \$40 fee for all appointments (\$80 for dentals/surgeries) missed/rescheduled/canceled within 24 hours (72 hrs for dentals/surgeries) of the appointment time. Weekends are not included in notification period. Please give us appropriate notice to avoid this fee. Thank you!

Signature	Date
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Pet Information

Patient Name

Rabies Tag Code

Species

Breed

Gender
Male
Female
Male Castrated
Female Spayed

Birthday

Current Weight

Microchip

Color

Comments

By signing this form, I authorize Benbow Veterinary Services to use photos of my pet and I for promotional purposes, including the BVS website and social media platforms.

What Heartworm Preventative is your pet currently taking?

Date Heartworm Preventative last administered to your pet?
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How long have you owned this pet?

List any Major Problems in past or that are currently being treated for:
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List current medications, supplements, and/or botanicals, and associated doses:

Previous Veterinarian (where additional records can be obtained if necessary):
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List any other pets in your home:

Have any or your pets been treated for illness in the past year? If so, explain.
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