



Dr. Thomas Lenarduzzi
Dr. Ashley Morgan

NAME: _____

SPOUSE'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STUDENT ID: _____

PHONE: HOME: (____)____-____ WORK: (____)____-____

CELL: (____)____-____ SPOUSE'S CELL: (____)____-____

EMAIL ADDRESS: _____

HOW DID YOU HEAR ABOUT US?

PET'S NAME: _____

SPECIES: _____ BREED NAME: _____

GENDER: _____ AGE: _____ BIRTHDAY: _____

COLOR: _____ SPAY/NEUTER: _____

ALLERGIES: _____

PREVIOUS VET/CLINIC: _____

PREVIOUS MEDICAL HISTORY: _____

PLEASE LIST ALL CURRENT MEDICATIONS: _____

PLEASE LIST ANY CURRENT MEDICAL CONDITIONS: _____

****Please See Next Page****

Village Animal Hospital Treatment Authorization

Owner's Name: _____

Animal's Name: _____

- 1.) I agree to assume all financial responsibility for all services rendered.
- 2.) I understand that while all reasonable medical care and attention will be provided for my animal during the time it is hospitalized at the Village Animal Hospital, the veterinarians, the medical staff, and the employees will not be liable for any loss or accident that may occur or any disease that may develop while your animal is hospitalized or after hospitalization at the Village Animal Hospital.
- 3.) The Village Animal Hospital assumes no responsibility for the loss of any items (such as leashes, collars, toys, etc) accompanying your animal during its' visit.
- 4.) I understand that certain risk always exist for anesthesia and/ or surgery. We encourage you to discuss these risks and any other concerns with the attending veterinarian before any procedures.
- 5.) In the case of an emergency, I give the Village Animal Hospital the authority to initiate any medical treatment deemed necessary for the well being of my animal.
- 6.) I am the owner or authorized agent of the animal listed above, and hereby gives permission to treat that animal.

Signature of Owner or Representative: _____

Date: _____