



Client ID: \_\_\_\_\_

Pet Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**New Pet Additions:**

Pet's Name	Species	Breed	Color	DOB	Male/ Female	Neutered/ Spayed

**Release / Consent Form**

**I, THE UNDERSIGNED DO HEREBY CERTIFY THAT I am the owner, or assuming responsibility, financial or otherwise, for the animal being presented to Kirkwood Veterinary Hospital for treatment or care. I hereby consent and authorize Kirkwood Veterinary Hospital to receive, prescribe for and / or treat my pet as indicated. It is thoroughly understood that I assume all risks.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Thank you for choosing Kirkwood Veterinary Hospital.*

*Please call 281-481-5900 if you have any concerns.*

*Dr. John Gregory*