

**\* COHEN VETERINARIAN CENTER \***

**PET(S) INFORMATION**

NAME \_\_\_\_\_ SEX \_\_\_\_\_ B.DATE \_\_\_\_\_ BREED \_\_\_\_\_ COLOR \_\_\_\_\_  
NAME \_\_\_\_\_ SEX \_\_\_\_\_ B.DATE \_\_\_\_\_ BREED \_\_\_\_\_ COLOR \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US??** \_\_\_\_\_

OWNER - FIRST NAME: \_\_\_\_\_ LAST NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ EXT. \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

<b>SPOUSE OR SECOND OWNER INFORMATION</b>
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FIRST NAME: \_\_\_\_\_ LAST NAME \_\_\_\_\_

PHONE: \_\_\_\_\_

I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF ANY PETS I BRING IN FOR TREATMENT. I ALSO UNDERSTAND THAT THESE CHARGES ARE TO BE PAID AT THE TIME OF TREATMENT AND RELEASE, AND THAT A DEPOSIT MAY BE REQUIRED FOR HOSPITALIZATION, SURGERY, TREATMENT AND BOARDING. SHOULD IT BECOME NECESSARY TO COLLECT THIS AMOUNT THROUGH AN AGENCY OR AN ATTORNEY, I AGREE TO PAY ALL COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

I ALSO GIVE DR. COHEN, AND THE STAFF AT COHEN VET CENTER, PERMISSION TO RELEASE MY PET'S RECORDS TO OTHER VETERINARIANS AND ANIMAL FACILITIES, SHOULD IT BE NECESSARY.

SIGNATURE \_\_\_\_\_