

Client ID#: _____
AUROCHS VETERINARY SERVICE 428 4th STREET AUDUBON MN 56511 (218) 439 – 6600

Owners Name _____ Spouse _____

Primary Phone _____ Secondary Phone _____

Physical Address _____

City _____ State _____ Zip Code _____

Mailing Address _____

Email _____

PET INFORMATION

1. Name _____ Breed _____

Date of Birth _____ Color _____

Sex: Male Female Spayed/Neutered? Yes No

Allergies? _____

Is your pet on any Medications? _____

What? _____

2. Name _____ Breed _____

Date of Birth _____ Color _____

Sex: Male Female Spayed/Neutered? Yes No

Allergies? _____

Is your pet on any Medications? _____

What? _____

3. Name _____ Breed _____

Date of Birth _____ Color _____

Sex Male Female Spayed/Neutered? Yes No

Allergies? _____

Is your pet on any Medications? _____

What? _____

All fees are due and payable upon completion of services, Cash, Check, Credit or Debit

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this clinic to receive, prescribe for, treat or perform surgery upon the pet(s) listed above. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from the clinic of the service is otherwise terminated. I agree to pay for the reasonable costs of collection, attorney fees, and court costs in the event that collection efforts are necessary. I agree that the venue of this action will be in the county where the clinic is located. I understand that veterinary service is provided during night time hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided

Signature _____ Date _____

I do _____ I do not _____ agree to authorize the release of my pet's records upon request.