



**South Reno Veterinary Hospital**  
18603 Wedge Pkwy • Reno, NV 89511  
775-852-2244 • [SouthRenoVet.com](http://SouthRenoVet.com)

**Thank You for choosing South Reno Veterinary Hospital!**  
**In order to give you excellent service in our caring environment, please fill out the information below.**  
**It will help us get to know your pet, and deliver the highest quality whole-health care that you deserve!**

**OWNER INFORMATION**

Owner(s) \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone( ) \_\_\_\_\_ Cell Phone( ) \_\_\_\_\_  
Work Phone( ) \_\_\_\_\_ Nevada Driver's License # \_\_\_\_\_  
Email Address \_\_\_\_\_ (For Office Use Only)  
Emergency Contact Name \_\_\_\_\_ Phone( ) \_\_\_\_\_  
How Did You Hear About Us? Check All That Apply.  
Website  Mailer  Yellow Pages  Sign  Online Search (e.g. Google)   
Referral  Other \_\_\_\_\_  
How would you prefer to be contacted? Phone  Mail  Email  Text  Check All That Apply.

**PET INFORMATION**

Name \_\_\_\_\_ Canine  Feline   
Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth Date / Age \_\_\_\_\_  
Sex Male  Neutered Male  Female  Spayed Female   
Vaccination, Medical, Surgical History \_\_\_\_\_  
\_\_\_\_\_  
Reason for Visit \_\_\_\_\_  
\_\_\_\_\_  
Current Medications \_\_\_\_\_  
\_\_\_\_\_  
Name and Phone Number of Veterinarians Who Have Previously Treated Your Pet  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION**

I hereby authorize South Reno Veterinary Hospital to examine, treat, and prescribe for the above-described pet.  
I assume responsibility for all charges incurred in the care of this animal.  
I also understand that these charges will be paid at time of service, and that a deposit may be required for hospitalization and treatment.

Signature of Owner / Agent \_\_\_\_\_ Date \_\_\_\_\_

Do you have Pet Insurance? \_\_\_\_\_ If so, name of company \_\_\_\_\_  
Payment will be made by (initial appropriate field) Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit/Debit Card \_\_\_\_\_

**South Reno Veterinary Hospital does NOT accept out of state checks.**  
**We cooperate with the Washoe County District Attorney's Office to prevent bad check losses.**

I certify that, **if I am signing as an Agent**, the pet owner has authorized me to execute this consent.

Printed Name of Agent \_\_\_\_\_

Signature of Agent \_\_\_\_\_ Date \_\_\_\_\_