



South Reno Veterinary Hospital
 18603 Wedge Pkwy • Reno, NV 89511
 775-852-2244 • 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 _____