

CHEROKEE HILLS VETERINARY HOSPITAL

Dr. Debbie Prichard, D.V.M.

7308 N. MacArthur Blvd., Oklahoma City, OK 73132

Dr. Jim Lee, D.V.M.

405.721.2520

Owner's Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Other _____

E-Mail Address _____

In Case of EMERGENCY, Please Call _____

Who can we thank for your business? _____

(They will receive a \$25 credit for referring you!)

Pet Health History

Pet's Name _____

Species (Circle One): Canine/Feline _____ Birthday/Age _____

Breed _____ Color _____

Sex (Circle One): Male / Female _____ Neutered (Male) / Spayed (Female)

Current Medications: _____

Vaccination History :

Is your pet up to date on vaccinations? Yes/No

If Yes, at which clinic were they given?: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume all financial responsibility for the charges incurred in the care of this animal. I understand that these charges must be paid for at the time service is rendered.

Signature of Owner/Agent _____ Date _____