Form collected by_____

CHEROKEE HILLS VETERINARY HOSPITAL

Dr. Debbie Prichard, D.V.M. *Dr. Jim Lee, D.V.M*
7308 N. MacArthur Blvd., Oklahoma City, OK 73132 *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 reffering 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_____

Data entry by_____