

Personal Veterinary Care

Belton, TX
254-228-3960

Compassionate pet care in your home, personalized for your convenience

PET INFORMATION

PET NAME			
CAT OR DOG			
AGE			
BREED			
COLOR			
DATE OF BIRTH			
MALE OR FEMALE			
SPAYED / NEUTERED			
MICROCHIP #			
HOW LONG HAVE YOU HAD PET?			
PREVIOUS VETERINARIAN			
CURRENT DIET			
CURRENT MEDICATIONS			
PRIOR ILLNESS			
PRIOR SURGERY / DENTISTRY			
MOST RECENT VACCINATION			
ALLERGY TO MEDICATIONS / VACCINATIONS			
OTHER ALLERGIES			

AUTHORIZATION FOR EXAM, DIAGNOSIS, AND TREATMENT:

As the owner or responsible agent for the pets described above I hereby authorize Personal Veterinary Care, Dr. Foster and designated assistants to administer diagnostics and treatment as necessary on the above described pets.

I hereby certify that I have read and fully understand this authorization for diagnosis and treatment. I assume financial responsibility for all charges incurred and authorize payment to Personal Veterinary Care. I also consent to release of medical records and information as may be determined necessary by Dr. Foster and the agents of Personal Veterinary Care for the ongoing care and treatment of my pets.

SIGNITURE OF OWNER OR RESPONSIBLE AGENT: _____ **DATE:** _____