



www.hillcountrymobilevet.com

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512.529.1733

Owner Information

First Name:	Last Name:	
Mailing Address:		
City:	State:	ZIP:
Home Phone:	Work/ Cell Phone:	
E-mail:		

Patient Information

Horse Name:	
Breed:	
Color/ Markings:	
Birthdate or Age:	Weight:
Farm/ Stable Name:	
Farm/ Stable Address:	
Microchip Number/ Brand:	
Medications/ Surgeries:	
Reason for Visit:	

I understand that there will be a fee for veterinary services and agree to this fee. I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby consent and authorize Dr. Roark to perform the following procedures or services: _____

I understand that no guarantee or assurance can be made as to the results that may be obtained from this visit. It is understood that I assume all risks involved with any treatments or procedures for the above listed animal.

I have read and agree to the above statement _____

(Owner/Authorized Agent Signature)