



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

Pet Name:		
Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other (specify)		
Breed:	M <input type="checkbox"/>	Neutered <input type="checkbox"/>
	F <input type="checkbox"/>	Spayed <input type="checkbox"/>
Color:		
Birthdate or Age:	Weight:	
Microchip Number:		
Medications/ Heartworm or Flea Prevention:		
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)