WELCOME TO THE BUTTE HUMANE SOCIETY CLINIC!

Please help us get to know you by providing some basic information.

OWNER INFORMATION: Last Name First Name M.I. Driver's License # Date of Birth Address: Street Apt. # City State Zip Phone #: Email: Co-Owner First Name Co-Owner Phone # Co- Owner Last Name Alternate Phone # Co-Owner's relationship to Owner (please circle): Spouse / Partner / Relative / Other: ______ **PET INFORMATION:** (Please provide appropriate information for each pet.) Pet 3 Pet 1 Pet 2 Name Species Breed Color Birthday/Age How long owned? Sex Spayed/Neutered? Cats: Leukemia tested? Prior Illnesses **Vaccine Reactions** Any known allergies Current on vaccines*? *Please bring any vaccine or medical records to the front desk. My signature below hereby certifies I am the owner or authorized agent for the owner of the above named pet, that my pet is in good health, and I give Mariana Turner, DVM, and her agents and representatives full authority to perform services on said animal. I hereby release said Doctor, agents and representatives from any and all liability arising from said services, adverse reactions, or unforeseeable events. I understand and accept that although rare, there are inherent risks involved with veterinary services and that the Butte Humane Society Clinic follows all proper procedures and protocols to ensure the safety of my pet. I understand that payment is due at the time of service and that the Butte Humane Society Clinic only accepts cash, credit or debits cards for payment. Butte Humane does not offer billing/finance options or CareCredit. Signature:

WE LOOK FORWARD TO SERVING YOU AND YOUR PETS, THANK YOU!

☐ I would like to make a donation in the amount of \$ to support BHS in its mission to save animals.