

Butte Humane Society Clinic

New Pet Form

Date: _____ Owner Name: _____

Do you need to update your address or phone number? Yes No

**If not the owner, please list name and phone number of person presenting the animal for today's visit:*

Name: _____ Phone Number: _____

PET INFORMATION: (Please provide appropriate information for each pet.)

	Pet 1	Pet 2	Pet 3	Pet 4
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*?				

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: _____ Date: _____

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

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