

Welcome To Bristol Veterinary Service

26900 75th Street, Salem, WI 53168

Owner _____ Date _____

Co-Owner _____

Address _____

City _____ State _____ Zip _____

Driver License # _____

Home phone # _____ Cell # _____

Work # _____ Co-owner phone # _____

Email _____

Emergency Contact Name _____

Emergency Contact # _____

Pet Name _____

Dog [] Cat [] Other [] _____

Breed _____ Date of Birth _____

Color _____

Male [] Neutered [] Female [] Spayed []

Pet's Current Medications: _____

Pet's Current Diet: _____

Reason for Visit: _____

I hereby authorize Bristol Veterinary Service veterinarian(s), and/or technician(s) working under the direction of a veterinarian, to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand and agree that all charges will be paid in full at time of services rendered. A deposit may be required for surgical procedures and/or hospitalized patients.

Signature of Owner/Authorized Agent _____ Date _____