

## **South Sacramento Pet Hospital** 5651 Franklin Blvd, Sacramento, CA 95824

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## **WELCOME**

I hank you for giving us the opportunity to care for your pet.							
REGISTRATION		D/	DATE		FILE NO.		
OWNERS LAST NAME		FIRST		SPOUSE			
ADDRESS		CITY		STATE	ZIP		
HOME PHONE		WORK		CELL	CELL		
E-MAIL		DRIVER'S LICENSE #					
		PET INF	ORMATIO	N			
SPECIES	NAME	BREED	COLOR	DOB	SEX S/N		
AUTHORIZATION							

Please check payment Desired Below

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I hereby authorize the Veterinarian(s) to examine, prescribe for, and/or treat the above described pets. I assume responsibility in the care of these pets. I also understand that payment is due at the time of treatment, and that this **Hospital Does Not Bill**. A deposit may be required for any surgical treatment. Any animal not picked up 3 days after being released from the Veterinarian's care may be considered abandoned.

**OWNER'S SIGNATURE** 

Date