

Bluemoon Veterinary Services
682-321-5179

Name _____ Address _____
Phone _____ Cell _____ City _____ State _____ Zip Code _____
Email _____ Preferred Contact Method _____
Authorized Contact _____

Pet's Name _____ Breed _____ Color _____
Age/DOB _____ Dog / Cat / Other _____ Male ___ Female ___ Spayed/Neutered _____

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Any Current Medications? If yes please list. _____

Flea/Tick control? _____ Heartworm Prevention? _____

What food is your pet fed? _____ Treats? _____

Last Vaccines (Date and Location) _____

Please read and initial the following statements.

I hereby authorize Bluemoon Veterinary Services and its veterinarians to examine, prescribe and treat the above described pet(s). I release Bluemoon Veterinary services and its veterinarians from any liability related to any such care. _____

I authorize Bluemoon Veterinary Services to use my pet's likeness for marketing purposes, including but not limited to use on their website or Facebook page. _____

I understand that all professional fees are due at the time services are rendered and agree to pay for services. We accept Cash, Visa, Mastercard and Discover _____

Please give 24 hours advance notice if you are unable to keep an appointment to ensure you are not charged a fee. If less than 24 hours notice is given you will be charged a fee. _____

I have read the above statements and understand.

Signature _____ Date _____