



# PEND OREILLE VETERINARY SERVICE

895 Kootenai Cutoff Road  
Ponderay, ID 83852  
(208) 263-2145

Dr. Charles Ashton   Dr. Bruce Vogel   Dr. Christine Smart   Dr. Chrissy Ponsness  
Dr. Gerald Lewis   Dr. Mary Jane Davis   Dr. Shelby Johnson   Dr. Laurel Sundberg

*"Where Your Pets are Family"*

www.sandpointvets.com

**Our commitment is giving you and your pet the highest standard of care available.**

## REGISTRATION

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Co-Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you learn about our clinic?  Sign Outside  Yellow Pages  Facebook  Recommendation  
 Website  News Paper  Other: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_

If recommended, by whom? \_\_\_\_\_

Number of Pets   Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other (Specify): \_\_\_\_\_

## PET HEALTH HISTORY

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

I do  I do not  authorize the use of my pet's name and photograph and/or video footage to be used in veterinary-related publications including those in traditional and internet media such as social networking, newspaper, TV spots and web sites.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Payment:  Cash  Check  Credit Card  Care Credit