



Animal Rural Clinic

www.AnimalRuralClinic.com

Pamela Brambert, DVM Phone (520) 456-0029

Today's Date: \_\_\_\_\_

Owners Name \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ CELL Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ WORK Phone: \_\_\_\_\_

Email: \_\_\_\_\_ OTHER Phone: \_\_\_\_\_

**PET INFORMATION:**

	NAME	DOG/CAT	M - F (Last Heat)	AGE	WEIGHT	BREED	COLOR
1.							
2.							
3.							

Is your pet being treated for any illness? YES or NO What illness/Where? \_\_\_\_\_

Is there anything we should be aware of with your pet? \_\_\_\_\_

By signing below I acknowledge that I am over the age of 18 years old. I assume the responsibility for all charges incurred in the care of the above animal(s), and I am aware that Ark Mobile Veterinary Services is NOT a 24 hour clinic. I acknowledge that if an emergency arises and ARK clinic is not available I will need to contact a local Veterinarian or a 24 Hour Emergency Clinic the closest clinic is located in Tucson AZ and all costs incurred will be at owner's expense.

Owner/Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

<<<<< PLEASE COMPLETE REVERSE SIDE >>>>>