



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 >>>>>