



Welcome to Horizon Veterinary Specialists. Thank you for giving us the opportunity to care for your pet. To insure the best possible care, please take the time to complete this form in its entirety. Bring in with you for your appointment.

Owner Information:

Name: _____ Spouse: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Email Address: _____ Driver's License #: _____ Exp: _____
Owner's Date of Birth: _____ (for controlled medications)
Cell: _____ 2nd Number: _____

Patient Information:

Name: _____ Age: _____ Sex: Male Female Altered (Fixed)
Species: _____ Breed: _____ Color: _____
Allergies: _____ Last Rabies Vaccine given: _____
Previous Medical Conditions: _____

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Referred by: Internet/Website Ojai Directory Drove By Other: _____
 Client _____ Community Event: _____
 Referring Veterinarian _____

We routinely have to share medical information with other clinics, boarding, grooming and pet insurance companies. Please initial here if you authorize us to do to: _____

Please sign the following Authorization to Treatment

I hereby authorize the staff of Horizon Veterinary Specialists to render any treatment that is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person, email or over the phone. **I understand that these fees are to be paid at the time of services are rendered and a deposit is required on all pets staying at the hospital.**

Signature of Owner or Agent

Date