

Rutherford Veterinary Hospital

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Thank you for giving Rutherford Veterinary Hospital the opportunity to care for your pet. So that we may become better acquainted please complete the following:

Name: _____

Home Address: _____

City, State, and Zip Code: _____

Phone Number: _____ Work Phone: _____

Employer: _____ DL #: _____ SS #: _____

Spouse: _____

Employer: _____ Work Phone: _____

DL #: _____ SS #: _____

Emergency Contact: _____ Phone: _____

Previous Veterinarian: _____ Phone: _____

How Did You Become Aware Of Our Hospital?

Yellow Pages Hospital Sign Personal Recommendation:
 Brochure in mail Animal Rescue Who May We Thank? _____

Do You Wish To Be Present During Examinations?

Yes No

How will you be paying today? Cash Check Credit Card

EMAIL ADDRESS _____

PET INFORMATION

Pet Name: _____

Cat Dog Bird Other

Breed: _____ Sex: _____ Date of Birth: _____

Color: _____ Special Food Or Medication: _____

Has Your Pet Been Spayed Or Neutered? YES NO

Vaccination History: _____

Pet Name: _____

Cat Dog Bird Other

Breed: _____ Sex: _____ Date of Birth: _____

Color: _____ Special Food Or Medication: _____

Has Your Pet Been Spayed Or Neutered? YES NO

Vaccination History: _____

PLEASE LIST NAMES OF OTHER PETS IN YOUR HOUSEHOLD:
