Medical Record

I hereby authorize Gladstone Animal Clinic, LLC to examine, prescribe for, or treat the below pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that these charges will be paid at the time services are rendered and that a deposit may be required for surgical treatment.

Owner or Responsible Party _____ Date _____
Signature

Owner Information _____ _____ _____ Last First M. I. _____ Street Address _____ City State Zip Code	Owner D.O.B. SS #/ License # Home Phone Cellular Phone	Pet Name	Pet D.O.B.	Age
		Breed	Color	
		Sex--Circle what applies Male Neutered Unneutered Female Spayed Unspayed		Allergies
Employer				
Employer Address (Street, City, State, Zip)		Work Phone		
Spouse Name	Spouse D.O.B.	Emergency Contact Name and Number		
Spouse Employer	SS #/ License #			
Spouse Employer Address		Work Phone		
Email Address				

Date	Treatment Notes	Weight