



Barbara Tomaras, DVM

Owner's Name: _____

Spouse/Children/other _____

Occupation: _____

Address: _____

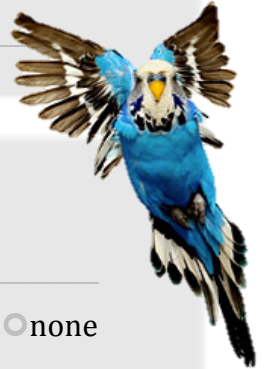
City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Work Phone _____ Driver's License #: _____

Email _____

How did you find us? _____



Patient's Information

Name: _____ Species/Breed: _____

Sex: _____ neutered spayed none

Date of Birth or approximate age: _____

Where was animal bought/adopted from? _____

How old was animal when you got it? _____

Other exotic animals at home:

Name	Species	DOB	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby authorize the veterinarian to examine, prescribe for, and treat my pets. I assume responsibility for all charges incurred in the care my animal(s). I also understand that payment is required at the time of treatment in the form of cash, check or credit card.



Signature: _____

Date: _____