



LITTLE
VETERINARY SERVICES

Patient Intake Form

NAME						
OWNER						
SPECIES						
BREED						
SEX						
COLOR						
DATE OF BIRTH						
AGE	YEARS		MONTHS		WEEKS	
IS AGE AN ESTIMATE						
WEIGHT						
MICROCHIP						
MARKINGS						
PATIENT ALERTS						
ALLERGIES						

Authorization

I hereby authorize Little Veterinary Services and its respective agents to examine, prescribe for, treat, board or hospitalize my pets. I assume responsibility for all charges incurred in the care of my animals. I also understand that these charges will be **paid at the time of service** and that a deposit may be required for treatment.

PRINT NAME	
SIGNATURE	
DATE	