

Red Barn Veterinary Service

1520 1300th Street
Iola, KS 66749
620-365-3964

Thank you for giving us the opportunity to care for your pet. Please look over and edit the information contained in this form and fill any blanks completely, so we may update your records to serve you better.

Date _____
Name _____
Address _____
Phone _____
Cell Phone _____
Email address _____

Please give us the following information for your account:

Employer or another reference who knows you: _____

Work or reference phone number: _____

Family cell phone numbers (to be used in case of emergency or at your request only):

Patient we are seeing today: _____ Age: _____

Breed: _____ Male/Female: _____ Neuter/Spay _____

If this is a new pet to you, may we know what vaccinations and parasite treatments have been given?

Service requested/ Presenting problem:

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above animal. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. I further understand that any estimate given is non-binding and final charges may be higher or lower than the estimate.

Signature of owner or agent: _____ Date: _____

Method of payment: M/C or Visa _____ Check _____ Cash _____ Money Order _____