



Paws Around Town Mobile Veterinary Hospital

3150 Appaloosa Court, Kissimmee, Florida 34746-3206
407 272-2803

Name: _____ **Phone:** _____
(Last) (First) (MI)

Address: _____
(Street) (City) (State) (Zip) (County)

Employer: _____ **Phone:** _____
(OK to Call at Work? _____)

Cell Phone: _____ **E-mail address:** _____

Spouse: _____
(Last) (First) (MI)

Employer: _____ **Phone:** _____
(OK to Call at Work? _____)

Referred By- Please circle one

Phone Book * Drove By * Web Site * Celebration News * Celebration Directory
Everybody's Business * Urban Pet Directory * Friend (Name) _____
Other Veterinary Clinic (Name) _____ * Other _____

Authorization and Responsibility Statement

1. I hereby authorize Paws Around Town Mobile Veterinary Hospital to provide veterinary medical services for any animal that my authorized agent or I present at Paws Around Town MVH. I specifically, but not exclusively, authorize Paws Around Town MVH to perform diagnostic procedures, administer medications (including anesthetics), perform surgical procedures, and additional procedures as deemed necessary during evaluation and treatment of a medical problem.
2. I certify that animals presented to Paws Around Town MVH for veterinary medical care are my legally owned pets or are legally in my charge, and that I am eighteen years of age or older.
3. I assume full financial responsibility for services rendered. I understand payment is due at the time services are rendered, and that finance and/or bookkeeping charges accrue on all unpaid balances.
4. I accept that the practice of veterinary medicine is an inexact science with variable and sometimes unexpected results. For this reason, neither the Doctors nor staff of Paws Around Town MVH are able to predict with absolute certainty, the outcome of any medical or surgical treatment.

Signed: _____ **Date:** _____