



1601 N. Main, Pearland, Texas 77581
 Phone: (281) 485-2496
 Fax: (281) 485-0681
 www.pearlandanimalhospital.com

Pet Owner's Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone: (____) _____ Secondary Phone: (____) _____
 Email: _____
 TDL: _____ DOB: _____ Children living at home: _____
 Employer: _____
 Spouse or Co-Owner Name: _____ Phone: (____) _____
 Emergency Contact Name: _____ Phone: (____) _____
 Referred by: _____

Pet Information:

Pet's Name	Species	Breed	Color	DOB	M / F	Fixed Y/N

Release / Consent Form

I, THE UNDERSIGNED DO HEREBY CERTIFY THAT I am the owner, or assuming responsibility, financial or otherwise, for the animal being presented to Pearland Animal Hospital for treatment or care. I hereby consent and authorize Pearland Animal Hospital to receive, prescribe for and / or treat my pet as indicated. It is thoroughly understood that I assume all risks.

I grant permission to Pearland Animal Hospital to use my pet's story and photos for social media. (PET OWNER CROSS OUT AND INITIAL IF DECLINING THIS SECTION) _____

Owner Signature: _____ Date: _____
 PAH Team Member: _____

*Thank you for choosing Pearland Animal Hospital.
 Please call (281) 485-2496 if you have any questions or concerns.
 Dr. Stevener • Dr. Schoeffler • Dr. Vance • Dr. Henry • Dr. Simon*