



**COMFORT PAWS
VETERINARY CARE**

Phone: 646-866-4760 or 646-866-8607

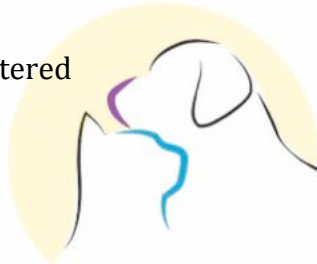
E-mail: info@comfortpawsvet.com

Owners Information

1. Name:
2. Address:
3. Phone number(s):
4. E-mail address:
5. Additional contact name: Phone number:

Patient Information

1. Name:
2. Sex:
 - Cat
 - Spayed/Neutered
 - Intact
 - Dog
 - Spayed/Neutered
 - Intact
3. Breed:
4. Color:
5. Age or Birthday:



6. Reason for the visit:
 - a)
 - b)
 - c)
7. Current Medications:
 - a)
 - b)
 - c)
8. Current Diet:

I hereby authorize Dr. Irons to examine, prescribe and treat _____.
I assume full responsibility for all charges incurred. I also understand that these charges will be paid in full at the time of service. No refunds.

Signature: _____

Date: _____