

Canisport Veterinary Services

| | |
|----------------------------|--------|
| Name | |
| Address | |
| Phone | |
| Dog's name | |
| Breed | |
| Age | |
| Birthdate | |
| Sex | |
| Spayed or neutered? | Yes No |
| Reason For Visit | |

I give permission to Dr. Patti Schaefer to evaluate and treat my dog.

Signature _____

Date _____