

SMALL ANIMAL VETERINARY FORM

NAME OF PET/PET'S

**TYPE OF PET
TICK OPTION BELOW**

GUINEA PIG

RABBIT

PARROT

TORTOISE

SNAKE

LIZARD

CHICKEN

RAT

HAMSTER

OTHER PLEASE STATE

AGE OF PET/PET'S

INSURED YES NO

MICRO CHIPPED YES NO

**DO YOU HAVE ANY OBJECTION TO US TAKING A PHOTO OF
YOUR PET FOR USE ON OUR FILES**

YES NO

**I SIGN THIS FORM TO GIVE MY CONCENT THAT THRIFT END
FARM CANINE AND PET CENTER CAN IF NEED BE TAKE MY PET
TO THE VETERINARY SHOULD THEY GET SICK WHILST I AM
AWAY.**

OWNERS SIGNATURE

SMALL ANIMAL OWNERS INFORMATION

OWNERS NAME

OWNERS ADDRESS

TELEPHONE NUMBER

MOBILE NUMBER

E-MAIL ADDRESS

FAMILY MEMBER OR FRIEND

NAME

ADDRESS

TELEPHONE NUMBER

MOBILE NUMBER

VETERINARY

NAME

ADDRESS

TELEPHONE NUMBER
