

**DEAN HANSEN D.V.M.  
BREEZEWAY VETERINARY SERVICES, INC.**

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**Owner Information**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone (Hm):** \_\_\_\_\_ **Telephone (Cell):** \_\_\_\_\_ **Telephone (Other):** \_\_\_\_\_

**Texas Drivers License #:** \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

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**Patient Information**

**Patient One Name:** \_\_\_\_\_ **Age / Birthday:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Sex: M / F : MN / FS**  
(Circle One)

**Patient Two Name:** \_\_\_\_\_ **Age / Birthday:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Sex: M / F : MN / FS**  
(Circle One)

**RELEASE:**

I hereby consent and authorize you, Dr. Dean Hansen, to receive, prescribe for, and treat my pet(s) listed above. Dean Hansen D.V.M. / Breezeway Veterinary Service, Inc. is not held responsible in any manner whatsoever, or in any circumstance, on account of the care, treatment, or safe keeping of the animal(s) described, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks and that payment is required when professional services are complete.

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Signature

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Date