

Welcome

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely. Thank you!

REGISTRATION

Date _____
Owner _____
Address _____
City _____ St. _____ Zip _____ Main Phone _____
Work Phone _____ Spouse Work _____ Cell/Other _____
SS# (if check) _____ DL# _____ Spouse/Sig. Other Name _____
Email (for reminders) _____

Emergency Contact Name _____ Phone _____
How did you learn of our clinic? Yellow Pages Recommendation
 Sign Other _____
If recommended, by whom? _____ Number of pets: Dogs ___ Cats ___
Other (specify) _____ Reason for visit _____

PET INFORMATION

Name of pet _____ Dog Cat Other _____
Breed _____ Color _____ Date of Birth _____
 Male Neutered Female Spayed
Vaccination History (Date and type of last vaccinations) _____

Pet's current medications _____

Pet's diet _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner _____ Date _____
Method of payment Cash Check MasterCard VISA
 American Express Discover Care Credit