



WELCOME



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

REGISTRATION

Last Name _____ First Name _____ Date _____

Drivers License # _____

Spouse's/Co-Owner's Name _____

Address _____

City _____ State _____ Zip _____

Emergency Contact _____ Emergency Contact Phone # _____

Home Phone # _____ Work Phone # _____ Mobile # _____

E-mail Address _____

Employer Name _____ Employer Address _____

How did you learn of our clinic? Yellow Pages Recommendation (Please Let us know who so we may thank them)

Sign Online Other _____ Recommended by _____

PET HEALTH HISTORY

1st pet Name of Pet _____ Dog Cat Other

Breed _____ Sex (circle one) Female Male Spayed/Neutered? Y or N

Color _____ Birth Date (or age) _____

Reason for Today's visit? _____

Date of last vaccination(s) _____

Current Medications or treatments? _____

2nd pet Name of Pet _____ Dog Cat Other

Breed _____ Sex (circle one) Female Male Spayed/Neutered? Y or N

Color _____ Birth Date (or age) _____

Reason for Today's visit? _____

Date of last vaccination(s) _____

Current Medications or treatments? _____

AUTHORIZATION & PAYMENT

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

Signature of Owner _____ Date _____

Method of Payment Cash Check Visa MasterCard Discover Care Credit