

Welcome

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

REGISTRATION INFORMATION

Date _____

Owner _____

Address _____

Spouse _____

Home Phone _____ Work Phone _____ Cell Phone _____

Spouse's Phone Number _____ Email Address _____

Emergency Contact Name _____ Phone _____

How did you learn of our clinic? (Circle one) Yellow Pages Recommendation Sign Other _____

If recommended, by whom? _____

Number of pets: Dogs _____ Cats _____ Other (specify) _____

Reason for visit _____

PET HEALTH HISTORY

Name of pet _____ (circle one) Dog Cat Other _____

Breed _____ Color _____ Birth date _____

(Circle all that apply) Male Neutered Female Spayed

Vaccination History (date and type of last vaccinations) _____

Pet's current medication _____

Describe your 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 the animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical and emergency treatment.

Signature of Owner _____ Date _____

Method of payment (circle one) Cash Check Credit Card Other _____