



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 insure the best care possible, please take the time to fill in this form completely. Thank you.

REGISTRATION

Date _____

Owner _____

Address _____ City _____ State _____ Zip _____

E-Mail Address _____

Spouse _____

Home Phone Number _____

Work Phone Number _____

Spouse Work Phone Number _____

Emergency Phone Number _____

Emergency Contact Name _____

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 HEALTH HISTORY

Name of pet _____ Dog Cat Other _____

Breed _____ Color _____ Birthdate _____

Male Neutered Female Spayed

Vaccination History (Date and type of last vaccinations) Previous Drs. name _____

Pet's current medications _____

Describe your pet's diet _____

AUTHORIZATION

I Hereby authorization the veterinarian to examine, prescribe for, or treat the above described pet's. 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. In the event this account is turned over for collection I agree to pay cost of collection and reasonable attorney fees.

Signature of Owner _____

Method of payment Cash Check MasterCard VISA Other _____