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 time to fill in this form completely. Thank you!

REGISTRATION

Date_____

Owner_____ SS#_____ Driver License ID#_____

Address_____

(street city state zip)

E-mail _____ Employer_____

Home Phone_____ Work Phone_____Spouse Work Phone_____

Emergency Contact Name_____Phone_____

How did you learn of our clinic? N Yellow Pages N Recommendation

N Sign N Other_____

If recommended, by whom?_____

Reason for visit? _____

PAYMENT IS REQUIRED AT TIME OF SERVICE

PET HEALTH HISTORY

Name of Pet_____ NDog NCat NOther_____

Breed_____ Color_____Birthdate_____

N Male N Neutered N Female N Spayed

Vaccination History (Date and type of last vaccinations)_____

_____

Pet's current medications_____

_____

Describe 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. All balances unpaid after 30 days are subject to finance charges and or legal charges.

X_____

Signature Date