

WELCOME

REGISTRATION

Owner (Last name first) _____ Date _____
Address _____
E-mail Address _____
Home Phone _____ Work Phone _____ Cell Phone _____
Spouse/Co-Owner _____ Phone _____
Emergency Contact Name _____ Phone _____
How did you learn of our clinic? _____
If recommended, by whom? _____
Number of pets: Dogs _____ Cats _____
Reason for Visit _____

PET HEALTH HISTORY

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

Pet's current medications _____

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 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 _____
Method of payment: Cash ___ Check ___ Credit card ___ Other _____