



Welcome

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!

REGISTRATION

Required Information - Thank You

Owner Name:

Date:

Street Address:

Employer:

City/State/Zip:

Address:

Email:

City/State/Zip:

Mobile Phone:

Work Phone:

Emergency Contact:

How did you learn about our clinic? ☐ Sign Outside ☐ Yellow Pages ☐ Facebook ☐ Recommendation
☐ Website ☐ News Paper ☐ Other:

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 location and type of last vaccinations, provide documentation if possible.):

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for 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:

Date:

Method of Payment:

☐ Cash ☐ Check ☐ Mastercard ☐ Visa ☐ Other:

Driver's License Number:

State Issued: