



WELCOME!

Thank you for giving us the opportunity to care for your pet! We are happy to answer any questions you may have about your pet's health. To ensure the best possible care, please take the time to fill out this form completely. Thank you!

REGISTRATION

Owner: _____ SS#: _____

Address: _____ City: _____ State: _____ Zip: _____

Owner's D.O.B: _____ Owner's Place of Employment: _____

Spouse: _____ Place of Employment: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

*We do not share your email with any third parties, it is a tool used to send reminders and communicate with you about your pet's health.

Emergency Contact Name: _____ Phone: _____

How did you hear about us?: _____

Reason for visit: _____

PET HEALTH HISTORY

****NO CHECKS WILL BE ACCEPTED WITHOUT THE HIGHLIGHTED INFORMATION****

Pet Name: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Age: _____

Male Neutered Female Spayed

Vaccination History (Date and type of last vaccinations): _____

Please list symptoms that you have noticed in your pet: _____

Current medications: _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/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. In the event an outstanding balance is left on the account for a period of 90 days, an outside agency will be contacted to collect payment.

Signature: _____ Date: _____