

WELCOME!

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

REGISTRATION

Owner: _____ Spouse: _____

Address: _____ City: _____ Zip: _____

E-mail Address (Appointment Reminders): _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____ Other Phone: (_____) _____ - _____

SSN: _____ - _____ - _____ (Check Payment) License Number: _____

Place of Employment: _____ Location: _____

Place of Employment (Spouse): _____

Emergency Contact Person: _____ Phone: (_____) _____ - _____

How did you learn about us? Recommendation Yellow Book Yellow Pages Other: _____

If recommended, by whom? _____

Reason for today's visit: _____

PET HEALTH HISTORY

Name(s): _____ Dog Cat Horse Other: _____

Breed: _____ Color: _____ Birthdate/Age: _____

Male Neutered Male Female Spayed Female Unknown

Vaccination History (Date and/or Previous Veterinary Clinic): _____

Pet's current medications: _____

Describe your pet's diet: _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the pet(s) described above. I assume responsibility for all charges incurred in the care of the animal. I also understand that payment is due at the time of service. Failure to do so will mean that the owner will be subject to pay all fees incurred in sending account to collections, legal fees, and court costs needed to get total payment of the debt. **WE DO NOT CHARGE!**

Signature of Owner: _____ Today's Date: _____

Method of Payment: Cash Check Debit Card Credit Card: _____

