

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 insure the best care possible, please take the time to fill in this form completely. Thank you!

REGISTRATION

Date _____

Owner _____ SS# _____

Address _____

Place of Employment _____

Home Phone _____ Work Phone _____ Spouses Work Phone _____

Emergency Contact Name _____ Phone _____

How did you learn of our clinic?
 Yellow Pages Recommendation
 Sign Other _____

If recommended, by whom? _____

Number of pets: Dogs _____ Cats _____ Other (specify) _____

Reason for visit _____

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.

Signature of Owner _____ Date _____

Method of payment Cash Check MasterCard Visa Other _____

PET HEALTH HISTORY

Name of pet _____ Dog Cat Other _____

Breed _____ Color _____ Birthdate _____

Male Neutered Female Spayed

Vaccination History (Date and type of last vaccinations) _____
