

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

REGISTRATION

Date _____
Owner's Name _____
Spouse/Other _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Driver's License # _____ (if paying by check)
Employer's Name & Address _____
Email Address _____
(for updates, discounts, reminders etc.)
In Case of EMERGENCY, Please Call _____

Please Describe Other Animals in Household _____
Reason for Visit _____

PET HEALTH HISTORY

Pet's Name _____ Date of Birth/Age _____
Type of Animal Dog Cat Other
Sex Male Neutered Female Spayed
Breed _____ Color _____

Vaccination History (date and type of last vaccination)

Please list any symptoms or problem that you have noticed about your pet

- _____
- _____
- _____

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 understand that these charges must be paid at the time of release and that a deposit may be required for surgical and medical treatment.

Signature of Owner/ Agent _____ **Date** _____