

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

REGISTRATION

Primary Owner: _____
Co-owner/Spouse: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Co-owner/Spouse cell: _____
Co-owner/Spouse work phone: _____
E-mail Address: _____
How did you hear of our practice? _____
If recommended, by whom? _____
Number of pets: Dogs _____ Cats _____
Reason for visit: _____

Pet Health History

Name of Pet: _____ Dog: _____ Cat: _____
Breed: _____ Color: _____
Date of birth or approx age: _____
Male: _____ Neutered? _____
Female: _____ Spayed? _____

Copy of Vaccine History (we can make a copy for you) or Vaccination History: (Date and type of last vaccinations)

Current medications: _____

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 in full at the time of release and that a deposit may be required for hospitalization.

We accept cash, check, Visa, MasterCard, Discover, American Express, and Care Credit.

A driver's license number will be required if writing a check.

Signature of owner _____ Date _____