

Welcome

Thank you for giving us the opportunity to care for your pet. We will 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

Owner _____ Date _____

Address _____

Spouse _____ Home Phone _____ Cell phone _____ Work Phone _____

Emergency Contact Name _____ Phone _____

E-Mail Address _____

Would you like to receive exam and vaccine reminders via email? _____

Would you like to receive announcements from our office and a free subscription to our newsletter via email? _____

How did you learn of our clinic? Yellow Pages Recommendation Internet Search Engine

If recommended, by whom? _____

Number of pets: Dogs _____ Cats _____

PET HEALTH HISTORY

Name of pet _____ Dog Cat

Breed _____ Color _____ Birthday _____

Male Neutered Female Spayed

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 for surgical treatment.

Signature of Owner _____ Date _____