

WELCOME TO LAUREL STONE VETERINARY HOSPITAL

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 _____

City _____ State _____ Zipcode _____

Home # _____ Cell # _____ Employer _____ Work # _____

E-Mail Address _____

Reason for Visit _____

PATIENT INFORMATION

Name of pet _____ Dog Cat

Breed _____ Color _____ Birthday _____

Male Neutered Female Spayed

Vaccination History (Date and Type of last Vaccinations)

Attention All Clients

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. I am aware that clinic hours are 9:00am to 5:00pm weekdays (BY APPOINTMENT ONLY) and the 1st and 3rd Saturday of every month, 9am to 12pm (BY APPOINTMENT ONLY). I understand that a doctor is NOT on premises after hours and will NOT be present to treat my pets after hours.

Signature of Owner _____ Date _____