

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#: _____ DOB: _____

Spouse: _____ SS#: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Driver's license Number: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

Email: _____

PET HEALTH HISTORY

Name of Pet: _____ DOG CAT OTHER: _____

Breed: _____ Color: _____ Birthdate: _____

Male Neutered Female Spayed

Vaccination History: (Date and type of last vaccinations): _____

Current Medications: _____

Describe your pet's diet: _____

AUTHORIZATION

Payment is due at time of services

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 any treatment.

Signature of Owner _____ Date _____