

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 this form out COMPLETELY. Thank you!

REGISTRATION

Owner _____
Spouse _____

Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____

Email Address _____
Place of Employment _____
Work Phone _____

Emergency Contact Name _____ Phone _____
How did you learn of our clinic? Yellow Pages Recommendation Internet
 Sign Other _____

PET HEALTH HISTORY

PET 1
Name of Pet _____ Dog Cat Other _____
Breed _____ Color _____ Age _____
 Male Female Neutered/Spayed
Are vaccines current? Yes No

Pet 2
Name of Pet _____ Dog Cat Other _____
Breed _____ Color _____ Age _____
 Male Female Neutered/Spayed
Are vaccines current? Yes No

Pet 3
Name of Pet _____ Dog Cat Other _____
Breed _____ Color _____ Age _____
 Male Female Neutered/Spayed
Are vaccines current? Yes No

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.**

We do not accept personal checks as a form of payment!

Please be advised, as posted, we are by appointment only & there is a \$30 walk-in fee!

Method of Payment Cash Credit Card Debit Card

Signature of Owner _____ Date _____