



Welcome

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!

REGISTRATION

Owners: _____ Date: _____

Address: _____

City/State/Zip _____ County: _____

Phone: _____ Work Phone: _____ Email: _____

Emergency Contact Name: _____ Phone _____

How did you learn about our clinic? Sign Outside Yellow Pages Facebook Recommendation
 Internet Newspaper Other: _____

If recommended, by whom? _____

How do you prefer to receive vaccine reminders? Email Postcard

PET HEALTH HISTORY

Name of Pet: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Birthdate: _____

Sex: Undetermined Male Neutered Female Spayed

Pet's current medications: _____

Describe your pet's diet: _____

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Breed: _____ Color: _____ Birthdate: _____

Sex: Undetermined Male Neutered Female Spayed

Pet's current medications: _____

Describe your pet's diet: _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for 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: _____