



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 ensure the best care possible, please take the time to fill this form out completely. Thank you!

REGISTRATION

Client Name _____ Spouse/Other _____
 Mailing Address _____ Street Address _____
 City/State _____ Zip _____ Home Phone _____
 Client's Place of Employment _____ Work Phone _____ Cell Phone _____
 Spouse/Other Place of Employment _____ Work Phone _____ Cell Phone _____
 Emergency Contact _____ Phone Number _____

E-mail : _____
 Would you like to receive emails from us? YES NO Would you like to receive text messages? YES NO

PET INFORMATION

Pet's Name _____
 Date of Birth _____ Age _____
 Breed _____ Sex _____
 Spayed/Neutered? YES NO
 Color/Markings _____
 Date of Last Vaccine _____
 Is this pet Micro chipped? YES NO
 Previous Veterinarian _____
 May we contact your previous veterinarian to receive your pet's past medical record? YES NO

Pet's Name _____
 Date of Birth _____ Age _____
 Breed _____ Sex _____
 Spayed/Neutered? YES NO
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HOW DID YOU FIND US?

Yellow Book _____ Drive By _____ Advertisement _____ Which one? _____ Website _____ Other _____
 Were you referred by a friend or family member? Who? _____

AUTHORIZATION

I HEREBY AUTHORIZE EXAMINATION AND TREATMENT OF MY ANIMAL(S) AND ASSUME FINANCIAL RESPONSIBILITY. I ALSO UNDERSTAND THAT CHARGES WILL BE PAID AT THE TIME OF SERVICE AND THAT A DEPOSIT MAY BE REQUIRED FOR TREATMENT.
 I REALIZE THERE IS SOME INHERENT RISK IN ANY PROCEDURE OR TREATMENT.

SIGNATURE _____ DATE _____

IF PAYING BY CHECK PLEASE COMPLETE THE FOLLOWING:

DRIVER'S LICENSE _____ STATE OF ISSUE _____
 DATE OF BIRTH _____