



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

Owner _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Spouse _____ Spouse Phone _____

Emergency Contact Name _____ Phone _____

If recommended, by whom? _____

Number of pets _____ Dogs _____ Cats _____ Other (specify) _____

Reason for visit _____



Pet Health History

Name of Pet _____ () Dog () Cat () Other _____

Breed _____ Color _____ Birthdate _____

() Male () Neutered () Female () Spayed

Medications _____

Primary Care Vet _____



Authorization

I hereby authorize the veterinarian to examine, prescribed 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.

Owner's Signature _____ Date _____