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# Friendship

VETERINARY HOSPITAL

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623 North Beal Parkway  
Fort Walton Beach, FL 32548

**Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you may have about your pet's health. To insure the best possible care, please take time to fill in this form completely. Thank you!**

## REGISTRATION

Owner: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Secondary Name / Spouse: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How did you hear about our hospital? Please circle one.

Google    Yelp    Facebook    Sign    FVH Employee    FVH Client    Dog Daze    Humane Society or Rescue Group    Other

If recommended by employee, client, or rescue, whom? \_\_\_\_\_

Reason for Visit \_\_\_\_\_

## PET HEALTH HISTORY

Pet #1: Name \_\_\_\_\_ DOG \_\_\_\_\_ CAT \_\_\_\_\_ OTHER \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ DOB/AGE \_\_\_\_\_

Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_

Does your pet have any previous vaccination history? YES or NO

If yes, clinic and date they were given? \_\_\_\_\_

Pet #2: Name \_\_\_\_\_ DOG \_\_\_\_\_ CAT \_\_\_\_\_ OTHER \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ DOB/AGE \_\_\_\_\_

Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_

Does your pet have any previous vaccination history? YES or NO

If yes, clinic and date they were given? \_\_\_\_\_

Number of pets: DOGS \_\_\_\_\_ CATS \_\_\_\_\_ OTHER (Specify) \_\_\_\_\_

## 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 and that a deposit may be required for treatment.**

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_