



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 _____ Driver's License _____
Zip Code _____ E-mail _____
Employer _____ Home # _____
Spouse/Co-Owner _____ Work # _____
Employer _____ SS# _____
Emergency Contact _____ Work # _____
Phone # _____

If recommended, by whom? _____
Number of pets: Dogs _____ Cats _____ Other _____

PET HEALTH HISTORY

Name of pet _____ ☐ DOG ☐ CAT ☐ OTHER _____
Breed _____ Color _____ Birth Date _____
☐ Male ☐ Neutered ☐ Female ☐ Spayed
Date last vaccination _____
Last Rabies Vaccination _____
Where Shots Obtained _____
Describe your pet's diet _____
Flea prevention _____ Type? _____
Reason for Visit _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above 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.

Signature of owner _____ Date _____



FAXED _____ DATE _____ INITIALS _____