



WELCOME



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

REGISTRATION

Date _____

Owner _____ Driver's License # _____

Spouse _____ Driver's License # _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Cell Phone _____

Email _____

Place of Employment _____ Work Phone _____

How did you learn of our clinic?

Yellow Pages Sign Recommendation Other

If recommended, by whom? _____

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

PET HEALTH HISTORY

Name of pet _____ Dog Cat

Breed _____ Color _____ Birthdate _____

Male Neutered Female Spayed

Vaccination History (please give to a receptionist)

Last Veterinary Visit/Why _____

Please check any symptoms or problems your pet has:

Scratching Vomiting Diarrhea Sneezing Coughing Nasal Discharge Eye Discharge
 Head Shaking Limping Lethargic Not Eating Increased Thirst/Urination Other _____

Pet's current medications _____

Pet's food/how much per day _____

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 payment is required.

Signature of Owner _____ Date _____

Method of Payment: Cash Check Visa MasterCard Discover American Express Care Credit