



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

## REGISTRATION

Date \_\_\_\_\_

Owner \_\_\_\_\_ Driver's License # \_\_\_\_\_

Spouse/Other \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Email \_\_\_\_\_

Work Phone \_\_\_\_\_

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 *Staff Member*)

## 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 in full at the time of release and that payment is required.**

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

**Please Check One of the Following Forms of Payment Below for Today's Services.**

Method of Payment:  Cash  Check  Card  Care Credit