

# 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.

## REGISTRATION

Owner (Last name first) \_\_\_\_\_ Date \_\_\_\_\_

Full Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse/Co-owner (Specify ) \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you learn of our clinic?  Recommendation  Website  Phone Directory

(Please check all that apply )  Sign  Other \_\_\_\_\_

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 \_\_\_\_\_ Birthday \_\_\_\_\_

Male  Neutered  Female  Spayed

Do you have copies of your pet's medical records?  Yes  No

If not, whom may we contact to get a copy? \_\_\_\_\_

Pet's Current Medications \_\_\_\_\_

Describe your pet's diet \_\_\_\_\_

Do you have any concerns about your pet's current health?  Yes  No

If so, please elaborate. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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 surgical treatment.

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

Accepted Forms of Payment: Cash, Check, Mastercard, Visa, Discover