



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

REGISTRATION

TODAY'S DATE _____

OWNER'S NAME _____ SPOUSE/OTHER _____

MAILING ADDRESS _____ CITY/STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

DRIVER'S LICENSE #/STATE _____ E-MAIL _____

EMPLOYER'S NAME & ADDRESS _____

SPOUSE'S/OTHER'S EMPLOYER & ADDRESS _____

IN CASE OF EMERGENCY, PLEASE CALL _____

PLEASE DESCRIBE OTHER ANIMALS IN HOUSEHOLD _____

REASON FOR VISIT _____

HOW DID YOU HEAR ABOUT OUR PRACTICE? _____

PET HEALTH HISTORY

PET'S NAME _____ DATE OF BIRTH _____

TYPE OF ANIMAL DOG () CAT () OTHER () _____

SEX MALE () NEUTERED () FEMALE () SPAYED ()

BREED _____ COLOR _____ WEIGHT _____

VACCINATION HISTORY (Date and type of last vaccination) _____

CURRENT MEDICATIONS, IF ANY _____

DESCRIBE YOUR PET'S DIET _____

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/hospitalization.

Signature of Owner _____ Date _____