



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

Date: _____ Social Security#: _____ Birthdate: _____

Name: _____ Spouse/Other: _____

Address: _____ P.O. Box# _____

Cit/State/Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Spouse/Other's Employer: _____

Spouse/Other's Work Phone: _____ Spouse/Other's Cell: _____

Your Email Address: _____

Emergency Contact Name: _____ Phone: _____

How did you hear about us?: _____

Number of pets? (please specify by type):

Pet Information

1.) Pet's Name: _____ () Dog () Cat Other: _____

Sex: () Male () Female Age: _____ Birthdate: _____ Breed: _____

Color: _____ Neutered/Spayed? () Yes () No At what age? _____

Describe your pet's diet: _____

Any current medications?: _____

Previous Veterinarian's name and number: _____

2.) Pet's Name: _____ () Dog () Cat Other: _____

Sex: () Male () Female Age: _____ Birthdate: _____ Breed: _____

Color: _____ Neutered/Spayed? () Yes () No At what age? _____

Describe your pet's diet: _____

Any current medications?: _____

Previous Veterinarian's name and number: _____

Please list any other pets on the back of this sheet.

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 the animal. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

Signature: _____