

# 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 \_\_\_\_\_ Date \_\_\_\_\_  
Physical Address \_\_\_\_\_ City/State \_\_\_\_\_  
Spouse \_\_\_\_\_ SS# or Driver License# \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Spouse Work Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
How did you learn of our clinic?  Yellow Pages  Website  Facebook  
 Yellow pages  Recommendation  Other  
Email \_\_\_\_\_

## Pet History

Name of Pet \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Male  Neutered  Female  Spayed  
Vaccine History (date and type of last vaccinations) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pet's Current Medications \_\_\_\_\_  
Describe Your Pet's Diet \_\_\_\_\_

## Authorization

I hereby authorize the veterinarian to examine, prescribe for or treat the about 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 \_\_\_\_\_