



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 fill out this form completely.
Thank you.

REGISTRATION

OWNER: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell: _____
 SSN#: _____ DL #: _____ (required if writing a check)
 Employer Name: _____ Employer Phone: _____
 SPOUSE/CO-OWNER: _____
 Home phone: _____ Cell: _____ DL#: _____
 Co-owner Employer Name: _____ Employer Phone: _____
 Email Address: _____
 Previous Vet: _____ Phone Number: _____

PET HEALTH HISTORY

NAME: _____ SEX: Male / Female
 BREED: _____ NEUTERED/SPAYED: Yes / No
 COLOR: _____ BIRTHDATE: _____
 CURRENT MEDICATIONS: _____
 DIET: _____

Please give any medical records/vaccine records to the receptionists for copies

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above pet described. 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 a deposit may be required for surgical treatment.

Signature of Owner: _____ Date: _____
 Signature of Co-Owner: _____ Date: _____

I authorize my emergency contact (**other than myself**) to pursue treatment if I am unavailable.
 Emergency Contact: _____ Phone #: _____

The undersigned has reviewed the previous page and has verified that all contact information is up to date and has made any changes necessary.

Initials

Date

Initials

Date
