



Welcome

Thank you for giving 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 time to fill in this form completely. Thank you!

Registration

Today's Date _____

Owner _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell phone _____

Spouse/Other Cell Phone _____ Work Phone _____

Primary E-mail Address _____

Employer's Name & Address _____

at what time _____ and at what Phone # _____ is it best to reach you?

Emergency Contact Name _____ Phone _____

How did you learn of our clinic? Phone Book _____ Recommendation _____ Internet _____

Sign/Drove by _____ Other _____

If Recommended, By whom? _____

Number of Pets: Dogs _____ Cats _____ Other? _____

Pet Health History

Pet's Name _____ Dog ___ Cat ___ Male ___ Female ___

Breed _____ Color _____ Birthday _____

Is your pet Spayed or Neutered? Y N Unknown

Previous Vet Clinic _____ May we obtain records? Y N

Has your pet been vaccinated within the past year? Y N Unknown

Does your pet have a Microchip? Y N Unknown

Does your pet have Insurance? Y N If yes, what company? _____

Pet's Current Medications _____

Is your pet on Heartworm Preventative? Y N Unknown

Is your pet on any Supplements? Y N If yes, which ones? _____

Pet's Current Diet _____

Reason for Visit _____

Treatment 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 understand that payment is due at time of service and a deposit is required for treatment.

Signature of Owner _____ Date _____

Payment Method: Cash ___ Debit ___ Visa ___ Mastercard ___ Discover ___ CareCredit ___

Sorry No Checks Accepted