Welcome!

Your pet's health is important to us.
Please take a few moments to fill out this form completely.
Thank you!

Registration

Owner: ______________________ **Date:** __________
Address: ______________________
____
E-mail: ______________________ **Date of Birth:** __________
Phone: ______________________ **Alternative Phone:** __________
Significant Other: ______________________
Emergency Contact Name: ______________________ **Phone:** __________

How did you learn about our clinic? ☐ Sign Outside ☐ Yellow Pages ☐ Facebook ☐ Recommendation ☐ Website ☐ News Paper ☐ Other: __________

If recommended, by whom? ______________________

Pet Health History

Name of Pet: ______________________ ☐ Dog ☐ Cat ☐ Other: __________
Breed: __________ **Color:** __________ **Birthdate:** __________
☐ Undetermined ☐ Male ☐ Neutered ☐ Female ☐ Spayed
Vaccines current? ☐ Yes ☐ No **Microchip No.** __________

Reason for visit: ______________________
____
____

Any other medical conditions? ______________________
____

Pet's current medications: ______________________
____

Describe your pet's diet: ______________________

Regular Veterinarian: ______________________
Phone: ______________________ **Fax:** __________

Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for 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: ______________________ **Date:** __________