



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 out this form completely.

REGISTRATION

Owner's Name _____ Spouse/Other _____

Home Phone _____ Cell _____ Work _____

Spouse/Other Phone _____ When is the best time to reach you? _____

Address _____ City _____ State _____

Zip _____ County _____

Occupation _____ E-mail _____

Emergency Contact (In case we are unable to reach you) _____ Phone _____

How did you hear about us? _____

Are there children in your household? Yes No How many and what ages? _____

PET HEALTH HISTORY

Pet's Name _____ Age or Date of Birth _____

Type of Animal: Dog Cat Other _____ Sex: Male Neutered Female Spayed

Breed _____ Color _____

Name of Previous Veterinarian _____

Current Medication(s) _____ Current Diet _____

Are there other pets in your household? Yes No If so please list as described below:

Name	Dog/Cat/Other	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 understand that charges must be paid at the time of release and that a deposit may be required for treatment.

Signature of Owner/Agent _____ Date _____