



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. Thank you!



REGISTRATION

Owner: _____ DL or SS# _____

Address: _____ City _____ Zip _____

Home Phone: _____ Cell #: _____ Work Phone: _____

Place of employment: _____

Spouse: _____ Spouse Work Phone: _____

Emergency Contact Name: _____ Phone: _____

Children & Visitors Names: _____

How did you learn of our clinic? Yellow Pages Petsmart/store Facebook Internet/Search Engine
 Saw Sign Website Recommendation from who
 Doctor referral (Dr. _____) _____

Email address: _____ (We do not sell our email list)

Number of pets: Dogs: _____ Cats: _____ Other (specify): _____

Pet(s)				
Name of Pet	DOB	Male/ Female	Breed/Type	Current Medications

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume all responsibility for all charges incurred in the care of the pet(s). I also understand that ALL PROFESSIONAL FEES ARE DUE AT TIME SERVICES ARE RENDERED.

Signature of client responsible for pet: _____ Date: _____