
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 the form completely. Thank you.

Registration

Owner _____ Address _____

City _____ St _____ Zip _____ Spouse/Other _____

Home Phone _____ Cell _____ Work _____

Email Address _____

How did you hear about us? _____ Referred by _____

Can we share you pet's pictures on Facebook? _____

We will gladly prepare a written estimate if you desire. Please ask the receptionist, tech or doctor.

Fees are payable when services are rendered. A deposit may be required.

Method of Payment: _____ Cash _____ Check _____ Visa _____ Master Card _____ Discover Card _____ Care Credit

Pet Health History

Name of Pet _____ Dog _____ Cat _____ Other _____

Breed _____ Color _____

Date of Birth _____ Sex: _____ Male _____ Neutered _____ Female _____ Spayed

Vaccination History (Date and type of vaccination) _____

Animal Hospital where given: _____

Pet's current medications: _____

In Case of Emergency

Name of the nearest friend or relative NOT living with you _____

Phone Number _____

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 also understand that these charges will be paid at the time of release and that a deposit may be required for surgical and / or hospitalization.

Signature of Owner or agent _____ **Date** _____