



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's Name _____ Spouse/Co-owner _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Spouse Cell _____ Spouse Work _____

Email Address _____

Are you over 18 years? Yes No Name of Parent or Guardian _____

How did you learn of our clinic? Yellow Pages Outdoor Sign/Location Other (please specify) Website / Internet

Previous Pet Referral (by whom?) _____

PET HEALTH HISTORY

Pet's Name _____ Dog Cat Other (please specify) _____

Breed _____ Color _____ Date of Birth/Approx Age _____

Male Neutered Female Spayed Microchip _____

Are you planning on breeding? Yes No

What are the approximate dates of your pet's most recent vaccinations or treatments?

Canine Diseases	Date	Feline Diseases	Date	List Date or Product
Rabies		Rabies		Heartworm Test
DA2PPC (Distemper)		PRCC (Distemper)		HW Preventative
Lyme		Feline Leukemia		Lyme Test
Bordetella		FIP		Flea/Tick Control
Leptospirosis		Other		Deworming

Describe any previous illnesses or surgeries your pet has had:

Pet's current medications and supplements: _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and 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 treatment.

Signature of Owner _____ Date _____

Method of payment: Cash Check VISA MasterCard Discover Care Credit