



# WELCOME

Thank you for giving us the opportunity to care for your pet. We will 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: _____	SPOUSE'S NAME: _____
MAILING ADDRESS: _____	
CITY: _____	ST: _____ ZIP: _____
PRIMARY PHONE # _____	SECONDARY PHONE # _____
EMAIL ADDRESS: _____	
How did you learn about our clinic? ____ Online Search    ____ Clinic Sign    ____ Yellow Pages    ____ Recommendation    ____ Other	

## PATIENT INFORMATION

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX			
SPAYED OR NEUTERED			
Reason for visit? _____			
Did you bring a copy of your pet's previous vaccination record? _____			
If not, where did he/she last get vaccinated? _____ clinic# _____			
Any previous serious illness or surgeries? _____			
Any allergies to vaccinations or medications? _____			
Describe your pet's diet? _____			
List your pet's current medication? _____			

## 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 treatment.	
Signature of Owner: _____	DATE: _____
Method of Payment:    ____ Cash    ____ Check    ____ Mastercard    ____ Visa    ____ Discover    ____ Debit	
ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED	