



Welcome to our clinic, where we are committed to providing exemplary veterinary care in a friendly, attentive atmosphere. We appreciate the opportunity to care for your pet.

Date: \_\_\_\_\_ Owner / Responsible Party: \_\_\_\_\_

Spouse / Significant Other: \_\_\_\_\_ Cell #: \_\_\_\_\_

Alternative #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please mark if either of the following apply: \_\_\_\_\_ Active Military \_\_\_\_\_ Senior Citizen (65+)

By providing your email address, you will be able to register for website. This will allow you to view your pet's records online at [www.paceveterinaryclinic.com](http://www.paceveterinaryclinic.com) ! Our website also offers online shopping for your pet care needs, helpful tips and links, and access to product rebates.

Pet's Name: \_\_\_\_\_ Dog ( ) Cat ( ) Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Male ( ) Neutered ( ) Female ( ) Spayed ( )

Pet's Name: \_\_\_\_\_ Dog ( ) Cat ( ) Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Male ( ) Neutered ( ) Female ( ) Spayed ( )

Pet's Name: \_\_\_\_\_ Dog ( ) Cat ( ) Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Male ( ) Neutered ( ) Female ( ) Spayed ( )

I assume full responsibility for all charges incurred for veterinary services and understand that charges are to be paid in full at the time that services are rendered.

Date: \_\_\_\_\_ Owner / Responsible Party: \_\_\_\_\_