

REGISTRATION

Date: _____

Owner/Æs Name: _____ Spouse/Other _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph# _____ Work Ph# _____ Cell Ph# _____

E-mail Address: _____

Employer/Æs Name: _____

Employer/Æs Address: _____

In case of EMERGENCY, Please call: _____ phone#: _____

Pet/Æs Name: _____ Approx. Date of Birth: _____

Dog Cat Other _____ Breed: _____

Sex: Male Neutered Unneutered Color: _____

Female Spayed Unspayed

Reason for Visit: _____

Previous Veterinarian(s) where past records could be obtained if necessary: _____

How did you hear of us? Yellow Pages Newspaper Ad Other _____? If you were referred by a client please list so that they can get a referral credit on their account: _____

List the names & types of any other pets that you own: _____

I, as the legal owner of this animal, assume full responsibility for all charges incurred in the treatment of above pet(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical or emergency treatment.

Owner or Responsible Party: _____

Driver/Æs License Number: _____ State: _____