

Welcome!!!

Thank you for giving us the opportunity to care for your pet. To insure the best care possible, please take the time to fill out this form completely. Thank you!

REGISTRATION

Owner's Name _____ Spouse/Other _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Email Address _____

Employer's Name _____

Emergency Contact _____ Phone # _____

Reason for Visit _____

How did you hear about our practice? _____

Names of people that have permission to bring in the pet(s) _____

PET INFORMATION

Pet's Name _____ Dog Cat Other

Date of Birth _____ Breed _____ Color _____

Sex: Male Female Neutered/Spayed: Yes No At what age? _____

What age was the pet obtained? _____ From Where? _____

Describe your pet's diet? _____

List your pet's current medications: _____

List any prior surgeries: _____

Prior Illness: _____

List any symptoms or problems you have noticed with your pet: _____

Is your pet on heartworm, flea, and/or tick medication Yes No

What brand _____

If your pet is a cat, does it go outside? _____

Comments _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume full responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature of Client/Owner responsible for pet(s) _____

Date _____

