Welcome

Thank you for the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. Please take the time to fill in this form completely. Thank you!

Registration

Owner(s):_____ Social Security #s:_____
Mailing Address: (street/city/state/zip):_____
Physical Address (if different) (street/city/state/zip):_____
Spouse/Partner:_____
Employer:_____Home Phone:_____Work Phone:_____Cell :_____
If Self Employed, Name of Business:_____
Emergency Contact Name:_____ Phone:_____
How did you hear of us? ☐ Yellow Pages ☐ Radio ☐ Word of Mouth ☐ Visitor's Guide ☐ Sign ☐ KRZA ☐ Kiwanis Map ☐ Other
If recommended, by whom?_____
Reminder notifications by Email (give email address)_____ **or Post Card by Mail?** ____

Pet Health History

Name of Pet:_____ ☐ Dog ☐ Cat ☐ Other_____
Breed:_____ Color:_____ Birth Date:_____
Gender: ☐ Male ☐ Neutered ☐ Female ☐ Spayed
Vaccination History (date and type of last vaccinations):_____
Reason for visit:_____
Please check (Ö) any symptoms or problems that you have noticed bout your pet:

- ☐ Behavior Problems
- ☐ Bleeding Gums
- ☐ Breathing Problems
- ☐ Coughing
- ☐ Diarrhea
- ☐ Eye Bulging or Bloodshot
- ☐ Gagging
- ☐ Lack of Appetite
- ☐ Limping
- ☐ Loss +of Balance
- ☐ Scooting
- ☐ Scratching
- ☐ Seems Depressed
- ☐ Shaking Head
- ☐ Sneezing
- ☐ Thirst and/or Urination Increased
- ☐ Vomiting
- ☐ Weakness
- ☐ Other_____

Pet's Current Medications:_____
Describe your pet's diet:_____

Payment

ALL FEES ARE DUE AT THE TIME OF SERVICE

***Method of Payment Today*:** ☐ **Cash** ☐ **Check** ☐ **Credit Card**

I understand that payment is expected when services are rendered, unless other arrangements are made in advance. Charges of 3% per month will be applied to all accounts unpaid after 30 days. A $37.00 service charge will added for any returned checks. I further understand that unpaid accounts may be turned over for collection and credit bureaus notified within 30 days. I, the undersigned will be responsible for any collection fees in addition to the amount owed. These fees will be equal to or greater than the amount owed.

Signature:_____ **Date**:_____