



Pet Registration

To insure the best care possible, please take time to print clearly and fill in this form completely.

Name of pet _____ Dog ___ Cat ___ Other (specify) _____

Breed _____ Color _____ Approx. date of Birth _____

Male ___ Neutered ___ Indoor ___ Outdoor ___

Female ___ Spayed ___ Indoor ___ Outdoor ___

Reason for visit _____

Has your pet been treated for any illness in past year? ___Yes ___No

Specify Problem(s) _____

Pet's Current Medications:

1 Name _____ Dosage _____

2 Name _____ Dosage _____

3 Name _____ Dosage _____

Describe your pet's diet: _____

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

Date of last vaccinations: _____

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 _____

Entered in Computer by _____