



# Welcome

Thank you for giving the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take time to fill in this form completely. Thank you!

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## Registration

Today's Date \_\_\_\_\_

Owner \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Spouse/Other Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Primary E-mail Address \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

at what time \_\_\_\_\_ and at what Phone # \_\_\_\_\_ is it best to reach you?

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you learn of our clinic? Phone Book \_\_\_\_\_ Recommendation \_\_\_\_\_ Internet \_\_\_\_\_

Sign/Drove by \_\_\_\_\_ Other \_\_\_\_\_

If Recommended, By whom? \_\_\_\_\_

Number of Pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other? \_\_\_\_\_

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## Pet Health History

Pet's Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Male \_\_\_ Female \_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthday \_\_\_\_\_

Is your pet Spayed or Neutered? Y N Unknown

Previous Vet Clinic \_\_\_\_\_ May we obtain records? Y N

Has your pet been vaccinated within the past year? Y N Unknown

Does your pet have a Microchip? Y N Unknown

Does your pet have Insurance? Y N If yes, what company? \_\_\_\_\_

Pet's Current Medications \_\_\_\_\_

Is your pet on Heartworm Preventative? Y N Unknown

Is your pet on any Supplements? Y N If yes, which ones? \_\_\_\_\_

Pet's Current Diet \_\_\_\_\_

Reason for Visit \_\_\_\_\_

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## Treatment Authorization

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 understand that payment is due at time of service and a deposit is required for treatment.**

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Payment Method: Cash \_\_\_ Debit \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Discover \_\_\_ CareCredit \_\_\_

**Sorry No Checks Accepted**