

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!

Registration			Today's Date	
Owner	Spouse/Oth	er		
Address	City	State	Zip	
Home Phone	Work Phone	Cell phone		
Spouse/Other Cell Phone	Work P	hone		
Primary E-mail Address				
Employer's Name & Address at what time and at	<u>ــــــــــــــــــــــــــــــــــــ</u>			
at what time and at	what Phone #	is it best to	reach you?	
Emergency Contact Name	Phone	2		
How did you learn of our clin	nic? Phone Book Recon	nmendation In	ternet	
Sign/Drove by Other	•			
If Recommended, By whom?				
Number of Pets: Dogs	CatsOt	her?		
Pet Health History				
	Dog	Cat Male	Female	
Pet's Name Breed	Color	Birthda	av	
Is your pet Spayed or Neutere				
Previous Vet Clinic		lav we obtain reco	ords? Y N	
Has your pet been vaccinated				
Does you pet have a Microch	1 V			
Does your pet have Insurance	1	ıv?		
Pet's Current Medications				
Is your pet on Heartworm Pre				
Is your pet on any Supplement				
Pet's Current Diet	-			
Reason for Visit				

## **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						





## Social Media Release

Ι,		, authorize the staff of Sugarloaf
	(print owner name)	

Animal Clinic, to post pictures of my pet(s) and use my pet(s) name

,	on

(print pet name)

popular social media sites, such as Facebook, Twitter, SnapChap, and

Instagram.

(signature)

(date)