

REGISTRATION

Thank you for giving us the chance to care for your pet. To insure the best care possible please print and fill out this form completely.

=====ABOUT YOU=====

Date_____

Owner's Name_____ Spouse/Other_____

DL#_____ DL#_____

Address_____ City_____ ST_____ ZIP_____

Home phone# _____ Mobile# (owner) _____ spouse/other_____

Owner's Employer _____ Phone# _____

Spouse/Other Employer _____ Phone# _____

At what time_____ and what phone number_____ is it best to call about your pet?

In case of EMERGENCY please call _____ at telephone number _____

How did you find us? ___Yellow pages ___ Internet ___ Sign ___ Friend (Please give us a name) _____

e-mail address_____ Would you like us to send e-reminders? Yes_____ No_____

=====YOUR PET=====

Name of Pet _____ Dog _____ Cat _____

Breed _____ Color _____ Age / DOB _____

_____ Female _____ spayed _____ not spayed _____ Male _____ neutered _____ not neutered

Previous Veterinarian where past records could be obtained if needed _____

Vaccination History (date and type of last vaccinations) _____

Pet's current medications _____

=====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 also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment or hospitalization.

Signature of owner _____ Date_____

We accept payments by cash, check, Visa, MasterCard, Discover, American Express, or Care Credit (ask us how to apply).