

REGISTRATION

Name _____
Date _____
Address _____
City _____ State _____ Zip _____
Spouse's name _____
Place of employment _____
Email _____

Home phone _____
Work phone _____
Cell phone _____
Best Number _____

How did you hear about us?

Friend Yellow pages Advertisement Animal Emergency Clinic Other _____

Who may we thank for referring you to us? _____

PET HEALTH HISTORY

Pet's Name _____ Canine Feline Breed _____

Color/Markings _____ Male Female Spayed / Neutered Intact DOB _____

When & where was your pet obtained? _____ Is your pet: Indoor Outdoor

Current food _____

Does your dog:

Go for daily walks? Yes No Visit the dog park? Yes No Swim? Yes No Go to the groomer? Yes No

Previous vaccines _____

Medical conditions (ex. arthritis, allergies) _____

Current medications _____

Is your pet currently on:

Heartworm prevention? Yes No

Flea and/or tick prevention? Yes No

Type _____ How often _____

Type _____ How often _____

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 the 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. I agree to pay all cost, expenses, statement fees, handling fees, collection and attorney's fees as allowed by law, either expected or incurred due to non-payment.

Signature of owner _____ Date _____

How will you be paying today? Cash Check MC Visa Discover Care Credit

Additional Pet Health History on Reverse Side
ADDITIONAL PET HEALTH HISTORY

Pet's Name _____ DOB _____ Male Female Canine Feline

Spayed /Neutered Intact Color/Markings _____ Breed _____

When & where was your pet obtained? _____ Indoor Outdoor

Current food _____

Does your dog:

Walk daily? Yes No Visit the dog park? Yes No Swim? Yes No Go to the groomer? Yes No

Previous vaccines _____

Medical conditions (ex. arthritis, allergies) _____

Current medications _____

Is your pet currently on:

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