

BLAIR ANIMAL CLINIC
3662 North 250 West
West Lafayette, IN 47906

Welcome!

Phone 765.463.2611
Fax 765.463.3112

REGISTRATION

Name _____ Date _____
Address _____ Home phone _____
_____ Work phone _____
Spouse's name _____ Cell phone _____
Place of employment _____ Other Phone _____
Email _____ Best Number _____

How did you hear about us? Friend _____ Yellow pages _____ Advertisement _____
Animal Emergency Clinic _____ Other _____
We would like to thank anyone who may have referred you to us. _____

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 Does your pet get groomed? Yes No

Previous vaccines _____

Medical conditions (ex. arthritis, allergies) _____

Current medications _____

Is your pet currently on heartworm prevention? Type _____ How often _____

Is your pet currently on flea and/or tick prevention? 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.

Signature of owner _____ Date _____

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