



# WELCOME

Thank you for 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 the time to fill in this form completely. Thank you!

## CLIENT REGISTRATION

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

Owners Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

At what time \_\_\_\_\_ and at what number \_\_\_\_\_ is best to call you about your pet?

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

E-Mail: \_\_\_\_\_ *Your* Birth date: \_\_\_\_\_

Spouse/Other Name: \_\_\_\_\_

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

How did you hear about us?  Drive by  Post Card  Internet  Yellow Pages  Referral \_\_\_\_\_

## PET INFORMATION

Previous Veterinarian: \_\_\_\_\_ Practice Name: \_\_\_\_\_ City/State \_\_\_\_\_

Pet's Name: \_\_\_\_\_  Cat  Dog  other: \_\_\_\_\_  Female  Male  Spayed  Neutered

Age/DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Pet's Name: \_\_\_\_\_  Cat  Dog  other: \_\_\_\_\_  Female  Male  Spayed  Neutered

Age/DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Pet's Name: \_\_\_\_\_  Cat  Dog  other: \_\_\_\_\_  Female  Male  Spayed  Neutered

Age/DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Pet's Name: \_\_\_\_\_  Cat  Dog  other: \_\_\_\_\_  Female  Male  Spayed  Neutered

Age/DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of these animals. I understand these charges must be paid at time of release and a deposit may be required for certain treatments.

Signature of Owner/Agent: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Method of payment:  Cash  Check  Debit  Credit Card