



# Welcome

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!

## Registration

Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Employer: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Additional Owners: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
How did you learn about our clinic?  Sign Outside  Yellow Pages  Facebook  Recommendation  
 Website  News Paper  Other: \_\_\_\_\_  
If recommended, by whom? \_\_\_\_\_

## Pet Health History

#1 Name of Pet: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Undetermined  Male  Neutered  Female  Spayed  
Previous Veterinarian: \_\_\_\_\_  
Previous major illness, allergies, or medication reactions: \_\_\_\_\_

#2 Name of Pet: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Undetermined  Male  Neutered  Female  Spayed  
Previous Veterinarian: \_\_\_\_\_  
Previous major illness, allergies, or medication reactions: \_\_\_\_\_

## Authorization

I certify that I am the owner or agent of the above listed pet(s). I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for 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. I also acknowledge that any photos taken of my during visits to the hospital may appear in advertising and/or on facebook.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Method of Payment:  Cash  Check  Mastercard  Visa  Care Credit:

Please note that in order to use care credit or credit/debit card, you must have a photo ID that matches the name on your card. The card must be present at the time of the transaction.