



WELCOME

Thank you for giving us the opportunity to care for your pet. In order to provide the best service for you and your pet, please take the time to fill in this form completely. Thank you!

Date _____
Owner's Name _____ E-MAIL _____

Address _____

Home Telephone _____ Cell Phone _____

Employer's Name _____ Work Telephone _____

Spouse's/Co-Owner's Name _____

Spouse's Employer _____ Spouse's Work Telephone _____

How did you learn of our clinic? Yellow Pages _____

Recommendation _____

if so, name of individual we may thank _____

Internet _____

Other _____

Name of Pet _____ Cat _____ Dog _____ Other _____

Breed _____ Color _____ Date of Birth _____

Sex: Male _____ Male Neutered _____

Female _____ Female Spayed _____

Does your pet have any current or prior health problems? If so please list _____

Is your pet currently on any medications? If so please list _____

Previous veterinarian(s) where past records could be obtained if necessary

Number of other pets: Dogs _____ Cats _____ Other (specify) _____

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 or Agent _____ Date _____

Method of Payment: Cash _____ Check _____ Credit Card _____

Driver's License # _____ State _____

