



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 for you and your pets, please provide the following information. Thank you!
 "Keeping your Pets Happy!"



REGISTRATION

OWNER: _____
 ADDRESS: _____
 CITY/STATE: _____ ZIP CODE: _____
 EMAIL ADDRESS: _____
 PRIMARY PHONE NUMBER: _____ CELL PHONE: _____
 WORK PHONE: _____ SPOUSE CELL: _____
 OWNER'S DATE OF BIRTH (needed for filling prescriptions through a pharmacy for your pet): _____
 EMERGENCY CONTACT NAME: _____
 PHONE: _____

HOW DID YOU LEARN ABOUT OUR CLINIC?

YELLOW PAGES: _____ RECOMMENDATION: _____ WEB: _____ OTHER: _____
 IF RECOMMENDED, BY WHOM? _____

PET INFORMATION

	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Species				
Breed				
Color				
Age/DOB				
Sex (Spayed / Neutered)				
Diet				
Medications				
Current Heartworm Preventative				
Current Flea & Tick Preventative				

AUTHORIZATION

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 the animal; I also understand that these charges will be paid at the time of service and that a deposit may be required for surgical treatment.

*** Payment is due at time of service, if payment is not made a service fee of 1.5% will apply to any unpaid balance after 30 days.

By typing my name in the "Signature Box," I have agreed to submit this form by electronic means and certify that my answers are correct and complete to the best of my knowledge, including information provided about myself and my pet(s). I also certify that, (1) I understand the questions and statements on this form, and (2) I have read and understand any and all costs involved.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

SIGNATURE OF OWNER: _____ **DATE:** _____