



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: _____
SPOUSE NAME: _____ SPOUSE CELL: _____
OWNER'S DATE OF BIRTH (needed for filling prescriptions through a pharmacy for your pet): _____
EMERGENCY CONTACT NAME: _____
PHONE: _____

REFERRED TO OUR CLINIC? \$25 for you, \$25 for a friend

IF RECOMMENDED, BY WHOM? _____ (first and last name)

PET INFORMATION

	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Species				
Breed				
Color				
Age/DOB				
Sex (Spayed / Neutered)				
Diet				
Current 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.

SIGNATURE OF OWNER: _____ DATE: _____