

# Welcome



Thank you for giving us the opportunity to care for your pet.  
We will 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 this form completely.  
**Thank You!**

## Registration

Date \_\_\_\_\_

Owner \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

Main Phone \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

If recommended, by whom? \_\_\_\_\_

Number of pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Others (specify) \_\_\_\_\_

Reason for visit \_\_\_\_\_

## Pet Health History

Name of pet \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthdate \_\_\_\_\_

Male

Neutered

Female

Spayed

Vaccination History (Date and type of last vaccinations) \_\_\_\_\_

Please report any major problems or diseases that your pet has had in the past:

Allergies: \_\_\_\_\_

Pet's current medications and diet \_\_\_\_\_

## Authorization

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.

Signature of owner \_\_\_\_\_ Date \_\_\_\_\_