



# Welcome



## Registration

Owner \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Spouse/Co-Owner \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Number of pets: dogs \_\_\_\_\_ cats \_\_\_\_\_ other (specify) \_\_\_\_\_

## Pet Health History

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

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

Male  Neutered  Female  Spayed

Reason for Visit: \_\_\_\_\_

Previous Veterinary care provided by \_\_\_\_\_

Pet's current medications/preventatives \_\_\_\_\_

Brand of Pet Food Fed \_\_\_\_\_

## How did You Hear About Us/Choose our Practice for Your Pet's Care?

Google  Our Website  Facebook  Friend/Family referral  Other

## Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/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 \_\_\_\_\_

Method of Payment:  Cash  Check  Credit Card