



# WELCOME!

Thank you for giving us the opportunity to provide the highest quality healthcare for your pet. We will be happy to answer any questions you may have about you pet's health. To ensure the best care possible, please take the time to fill in this form completely.

## REGISTRATION

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Best time to Contact you: \_\_\_\_\_ What Phone Number : ( ) \_\_\_\_\_

In case of an EMERGENCY, Please call: \_\_\_\_\_

Who was your previous veterinarian? \_\_\_\_\_

## HOW DID YOU BECOME AWARE OF OUR HOSPITAL?

Referred by a friend? Whom may we thank? \_\_\_\_\_

Referred by a veterinarian? Whom may we thank? \_\_\_\_\_

Yellow Pages? Which One:    Yellow Book                      Windstream                      The Real Yellow Pages

Drove by                      Brochure                      Previous Client                      Our Website

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred for the care of this pet. I understand that all charges must be paid at time of release and that a deposit may be required for surgical and/or emergency procedures.

Signature of owner/agent: \_\_\_\_\_ Date: \_\_\_\_\_

# Pet Information

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Pet's Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Breed: \_\_\_\_\_  Dog  Male  Castrated Male

Color: \_\_\_\_\_  Cat  Female  Spayed Female

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

On Any Current Medications: \_\_\_\_\_

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Color: \_\_\_\_\_  Cat  Female  Spayed Female

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

On Any Current Medications: \_\_\_\_\_

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On Any Current Medications: \_\_\_\_\_