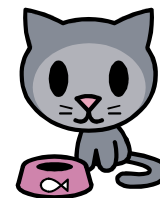




# WELCOME



Thank you for giving us the opportunity to care for your pet. We are happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank You!

## REGISTRATION

Date \_\_\_\_\_

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

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Children \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Spouse place of Employment \_\_\_\_\_

How did you learn of our Hospital?

Yellow pages     Recommendation     Sign     Other \_\_\_\_\_

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

Number of Pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

## PET HEALTH HISTORY

Name of Pet \_\_\_\_\_  Dog     Cat     Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth date \_\_\_\_\_

Male     Neutered     Female     Spayed

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for any charges incurred in the care of this animal. I also understand that these charges will be paid at the time of service and that a deposit may be required for hospitalization or surgical treatment.

For our client's convenience, prescription medications may be purchased at some human pharmacies. If you are interested in having your prescription filled elsewhere, please let us know.

**Trained personnel will not attend or release hospitalized or medically accommodated patients beyond regular office hours.**

Signature of Owner: \_\_\_\_\_

Method of Payment:  Cash     Check     MasterCard     Visa     AmEx     Discover