

Thank you for giving us the opportunity to take care of your pet(s). We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take a moment to fill out this form completely.

Registration

Owner's name: _____ DL # _____
 Address: _____ Apt #: _____
 City: _____ Zip Code: _____ DOB: _____
 Home Phone #: _____ Work Phone #: _____
 Cell Phone #: _____
 E-Mail: _____
 Emergency Contact Name: _____ Phone #: _____

How did you hear about us? Yellow pages Drive by Online/Website
 Flyer /Post card Humane Society Rescue Groups Client Referral
 If referred, by whom? Name _____

PET'S INFORMATION	PET #1	PET #2
NAME		
AGE		
SEX (circle)	M/F NEUTERED SPAYED	M/F NEUTERED SPAYED
LAST VACCINES DOGS	Rabies _____ DHPPC _____ Bordetella _____	Rabies _____ DHPPC _____ Bordetella _____
LAST VACCINE CATS	Rabies _____ FRCP _____ Leukemia _____	Rabies _____ FRCP _____ Leukemia _____
Is your pet on any medications?	<input type="checkbox"/> No <input type="checkbox"/> Yes: If yes please list.	<input type="checkbox"/> No <input type="checkbox"/> Yes: If yes please list.
Special Diet?	<input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Does your pet have any allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Any health problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> No <input type="checkbox"/> Yes:

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for or treat the above pet(s). I assume responsibility for all the charges incurred in the care of the animal. I also understand that these charges will be paid at the time of release and that a deposit will be required for most treatments and surgeries.

Signature Owner: _____ Date: _____

Preferred Method of Payment: Cash Care Credit Credit/Debit Card

******NO CHECKS******