



WELCOME!

Thank you for giving us the opportunity to care for your pet. Please take a moment to fill this form out as completely as you can. We will be happy to answer any questions you may have and look forward to serving your pets health care needs with the best care possible!

Owner Registration:

Name _____ Spouse _____

Address _____ Apt# _____

City _____ State _____ Zip Code _____

Phone # (HM) _____ (Cell) _____ (WK) _____

E-mail: _____

Alternate Contact Name & # in case of emergency _____

How did you hear about us? Internet ___ Rescue Group _____ Drive By ___ Yelp _____
Print Ad ___ Previous Client _____ Google ___ Shelter _____ Other _____

Referred By? _____

Patient Information:

	<u>Name</u>	<u>Breed</u>	<u>Color</u>	<u>Sex</u>	<u>Spayed/ Neutered</u>	<u>Birth Date/Age</u>
1.	_____	_____	_____	M / F	Y / N	_____
2.	_____	_____	_____	M / F	Y / N	_____
3.	_____	_____	_____	M / F	Y / N	_____

All professional fees are due at the time services are rendered. We will gladly provide a written estimate prior to any incurred charges. There will be a fee for all returned checks. If any animal is dropped off for care/surgery and has fleas and/or ticks, we will treat the animal at the owners cost.

I hereby certify that I have full authority to authorize the veterinarian to examine, prescribe for, or treat the above described animal.

Signed _____

Date _____