



## WELCOME TO OUR PRACTICE

Thank you for giving us the opportunity to care for your pet. We'll be 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

Owner \_\_\_\_\_ SS# or DL# \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse/Other Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** In cases of extensive medical or surgical procedures. When full payment may be difficult at discharge, we accept Master Card, Visa, Discover, American Express, and CareCredit. If you wish, a written estimate will be given to you at this time. There will be a \$30.00 service charge for any check returned unpaid.

To prevent the spread of infectious disease, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

### PET INFORMATION

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

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthdate or Age \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed

Reason for visit? \_\_\_\_\_

Pets current medications and current diet \_\_\_\_\_

How did you learn of our clinic? \_\_\_\_\_

Below, please list all of your pets.

Cat	Dog	Other (please specify)	Pets Name	Age	M/F (Spayed or Neutered)

\_\_\_\_\_  
Signature of Responsible Agent for Pet(s) Must be 18 or older to sign

\_\_\_\_\_  
Date