



Registration

Date: _____

1. Owner's Name: _____ Owner's Name: _____

Owner's agent(s) (must be over 18 years old): _____

2. Address: _____ City: _____ Zip code: _____ County: _____

3. Home Phone: _____ Work phone: _____ Cell: _____

4. Email: _____

5. In case of emergency, contact: _____ phone: _____

6. Pet's name: _____ approx. birth date: _____

7. (Circle) Dog Cat Other _____ Breed(s): _____

8. (Circle) Sex: Male: Neutered Unneutered Female: Spayed Not spayed

9. Color(s): _____

10. Reason for visit: _____

11. Previous veterinarian where past records can be obtained if needed: _____

12. Has your pet had any adverse reactions to: medications, vaccines, foods? Yes No If so, please specify:

13. How did you first hear of us? (circle) Yellow Pages Friend Internet other: _____

14. Individual we may thank: _____

Payment information

Please do not hesitate to request an estimate for your pet's care if one is not offered.

We make every effort to have a completed and accurate invoice ready when your pet goes home. On occasion, however, there may be additional charges that do not appear on that initial invoice. You will be contacted about any additional charges.

I assume responsibility for all charges incurred in the care of this pet. I also understand that the payment for my pet's care is due when it goes home, and that a deposit may be required prior to any treatment and/or hospitalization.

Owner, agent, or responsible party: _____

Please indicate your anticipated method of payment: (circle)

Check Cash Credit card (we accept Master Card, Visa, Discover) Debit card Care Credit

If you pay by check, we will ask to see your driver's license and/or a photo ID when you check out.

