



Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to complete this information sheet. Thank you!

Client Registration

Owner's Name: _____ Spouse/Other: _____

Mailing Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Email address: _____ Occupation/Employer: _____

How did you hear of our hospital? Phone Book Internet Drive By Referral

If a personal referral, whom may we thank? _____

Can we post pictures of your pets, as well as any cards or comments that you send us on our facebook page? Yes No (No personal information will be included.)

Pet Registration

Name of pet: _____ Dog Cat Breed: _____

Color: _____ Date of birth: _____ Male Female Spayed/Neuterd

Vaccination History (Date and type of vaccinations): _____

Current medications: _____

Name of pet: _____ Dog Cat Breed: _____

Color: _____ Date of birth: _____ Male Female Spayed/Neuterd

Vaccination History (Date and type of vaccinations): _____

Current medications: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above describe pet(s). I assume responsibility incurred in the care of this animal. I also understand that these charges will be paid for at the time of release and that a deposit may be required for a surgical/hospitalized treatment.

Signature of owner: _____ Date: _____

Method of payment: Cash Visa Mastercard Care Credit Check