



Welcome

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health.

Owners name _____ Spouse/other _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work phone _____ Cell Phone _____

In case of emergency, please call _____

Date of Birth _____ Divers license _____

How did you hear about our clinic? Referred by _____ internet _____ other _____

Your previous veterinarian _____

May we contact your previous veterinarian? Yes ___ No ___

We offer a 10% discount to the following: Senior citizen, Military/Police, Teacher/Students.

Contact preference: Call / Regular mail / Text / Email

Email address _____

With an email address you can access your pet's vaccine records, request medication refills and appointments.

About your pet

Pets name _____ Dog__ Cat__ Male__ Female__ Neutered__ Spayed__

Breed _____ Color _____ Age _____

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Breed _____ Color _____ Age _____

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

Signature of owner _____ Date _____