

REGISTRATION



Date _____

Owner's Name _____ Spouse/Other _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____

Cellular _____ **Please designate primary number you would like us to use.*

E-mail Address _____ **Would you like to receive reminders by E-mail?** **Yes** **No**

Employer's Name & Address _____

Spouse's/Other's Employer & Address _____

At what time and at what phone number is it best to call about your pet? _____

In case of **EMERGENCY**, please call _____ at telephone number _____.

Pet's Name (1) _____

Dog Cat Other _____

Approx. Date of Birth _____

Sex: Male Neutered Female Spayed

Breed _____

Color _____

Pet's Name (2) _____

Dog Cat Other _____

Approx. Date of Birth _____

Sex: Male Neutered Female Spayed

Breed _____

Color _____

Reason for Visit _____

Previous veterinarian(s) where past records can be obtained if necessary _____

Has your pet(s) been treated for any illness in the past year? Yes No

Specify problem(s), medication(s) and dosage if known _____

How did you first hear of us? Yellow Pages Drive-By Referral Other _____

If referral, whom may we thank? _____

List the names and types of any other animals you own _____

I assume responsibility for all charges incurred in the care of this animal(s). I also understand that *these charges will be paid at the time of service* and that a deposit may be required for surgical and/or emergency treatment.

SIGNATURE OF OWNER OR RESPONSIBLE PARTY _____

If you pay by check or credit card, please provide the following (if desired):

Credit Card Company (i.e. VISA) _____ Acct. Number _____ Exp. Date _____

Driver's License Number _____ State _____ Exp. Date _____