

REGISTRATION



Date _____
Owner's Name _____ Spouse/Other _____
Children (first names & ages) _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____
E-mail _____ 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 _____ Approx. Date of Birth _____
 Dog Cat Other _____ Sex: Male — Neutered Unneutered
Breed _____ Female — Spayed Unspayed
Color _____
Reason for Visit _____
Previous veterinarian(s) where past records can be obtained if necessary _____
Has your pet 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 Welcome Wagon Other _____
 Referral - 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:

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

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