



Welcome

Thank you for giving us the opportunity to care for your pet.

REGISTRATION

Having your email address will allow us to send electronic reminders and notices for your pet.
We do not sell or use your email for any other purpose. Thank you!

Owner's Name	Home Phone	Cell Phone
EMAIL:		
Address	City ST	Zip Code
Employer	City ST	Work Phone
Spouse/Other	Home Phone	Cell Phone

How did you hear about our clinic? _____

Who may we thank for referring you? _____

PET HEALTH HISTORY

Name of Pet	Age or Birthday	Color	Breed	Species	Sex	Neutered/Spayed

AUTHORIZATION

If you desire, an estimate of charges will be provided before services are rendered.

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 the animal(s). I also understand that these charges must be paid at the time of treatment, or when the pet is released, and that a deposit may be required.

Signature of Owner / Responsible Agent _____ DATE _____

Method of Payment Cash Check Credit/Debit Card Care Credit

The following is required for checks: Drivers License # _____ State _____

Checks are cleared electronically through Cross Check - There is a \$25.00 fee for returned-checks.