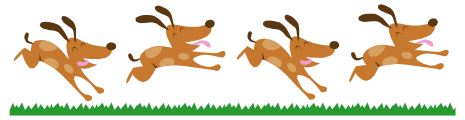




Welcome



Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank You!

Date: _____

Owner: (who animal lives with) _____

Owner's Date of Birth _____ Driver Lic. # & State _____

Email Address: (for vaccination reminders) _____

Address: _____ City/State/Zip _____

Phone: _____ Work Phone: _____

Spouse: _____ Spouse Phone: _____

If recommended, by whom? _____

Number of Pets: Dogs _____ Cats: _____ Other (Specify): _____

Reason for visit: _____

PET HEALTH HISTORY

Name of Pet: _____ Dog _____ Cat _____ Other _____

Breed: _____ Color: _____ DOB _____

_____ Male _____ Neutered _____ Female _____ Spayed

Vaccination History (Date and type of last vaccinations if any) _____

Pet's current medications _____

Describe your pet's diet _____

AUTHORIZATION

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 the time of release and that a deposit may be required for various treatments.

Owner's Signature _____ Date _____

Method of payment _____ Cash _____ Check _____ Credit Card _____ Other _____