

REGISTRATION

Owner's Name _____ Spouse/Other _____
Address _____ E-Mail _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Employer's Name & Number _____
In case of EMERGENCY, please call _____ Phone _____
How did you hear about us? _____

Pet's Name _____ Pet's Name _____
Age _____ Dog ___ Cat ___ Other ___ Age _____ Dog ___ Cat ___ Other ___
Microchip Number _____ Microchip Number _____
Sex: Male ___ Female ___ Spay/Neutered ___ Sex: Male ___ Female ___ Spay/Neutered ___
Breed _____ Breed _____
Color _____ Color _____
Reason for Visit _____ Reason for Visit _____

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

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

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

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 surgical treatment.

Owner or Responsible Party Signature _____
Driver's License _____ Exp. Date _____ Birth Date _____
Method of Payment: Cash _____ Check _____ Credit Card _____

*We accept Visa, MasterCard, Discover & Care Credit Credit Cards.