WELCOME TO OUR CLINIC

We are glad to have the opportunity to care for your pet. To ensure your pet gets the best care possible, please fill out this form completely.

_____ _____ _____/_____/_____
Owner's Name **Spouse** **Today's Date**

_____ _____
Children(s) Name(s) **E Mail Address**

_____ _____ _____ _____
Address **City** **State** **Zip Code**

(_____)_____ (_____)_____ (_____)_____
Home Phone **Cell Phone** **Work Phone**

_____ _____
Driver's License Number **Emergency Contact Name and Number**

_____ **□ Dog □ Cat □ Other** _____ _____
Pet's Name **Birth date**

_____ _____ **□ Male □ Neutered □ Female □ Spayed**
Breed **Color**

Number of other pets in household: Dog _____ Cat _____ Other (Specify) _____

How did you hear of our clinic? □ Saw our Clinic/Sign □ Twitter □ Internet Search Engine (Google, Bing, etc.)
□ Friend Recommendation through Facebook □ Friend Recommendation through Word of Mouth
(Who may we thank for the recommendation?)_____

Please list any new symptoms/problems your pet is here for today:_____
_____

Please list your pet's past or recurring health problems: _____
_____

Please list your pet's current medications:_____
_____

Please describe your pet's current diet including brand of food: _____
_____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal and understand that my balance is due at the time of release. I further acknowledge that a deposit may be required for surgical treatment and/or hospitalization when necessary.

_____ _____
Owner's Signature **Date**