



Welcome

We would like to thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you may have. To ensure the best possible care for your pet, please take a moment to fill out this form to the best of your ability.

Date _____ Client ID _____

Registration

Owner's Name _____	Spouse/Other _____		
Address _____	City _____	State _____	Zip _____
Home Phone _____	Cell Phone _____	Work Phone _____	
Emergency Contact Name/Phone _____			
Email Address _____	Driver's License _____		
How did you hear about us? _____			

Pet's Health History

Pet's Name _____	Date of Birthday _____	Previous Vet _____	
Breed _____	Color _____	Weight _____	Species _____
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Has your pet been neutered or spayed? _____		
Please check any symptoms or problems that you have noticed about your pet:			
<input type="checkbox"/> Bad Breath	<input type="checkbox"/> Lack of Appetite	<input type="checkbox"/> Thirst/Urination Increase	
<input type="checkbox"/> Behavior Problems	<input type="checkbox"/> Limping	<input type="checkbox"/> Vomiting	
<input type="checkbox"/> Bleeding Gums	<input type="checkbox"/> Loss of Balance	<input type="checkbox"/> Weight Problems	
<input type="checkbox"/> Coughing	<input type="checkbox"/> Scooting	<input type="checkbox"/> Other	
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Scratching		
<input type="checkbox"/> Eye Problems	<input type="checkbox"/> Shaking Head		
<input type="checkbox"/> Heavy Breathing	<input type="checkbox"/> Sneezing		
CURRENT MEDICATIONS/CURRENT DIET _____			

Authorization

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. I understand that these charges must be paid, in full, at the end of services. Payments extended beyond 30 days from first billing will accrue interest at a rate of 1.5% per month of unpaid balance. (18% Annual Rate). There is also a **\$25.00 charge for all returned payments**. Personal credit may be checked. In the event of a default, I promise to pay legal interest on the indebtedness, collection cost (**30 % of balance owed**), court costs and related attorney's fees.

Signature of Owner _____ **Date** _____

METHOD OF PAYMENT CASH CHECK MASTERCARD VISA DISCOVER