

## REGISTRATION

(Please Print)

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

Spouse's/Other's Employer & Address \_\_\_\_\_

At what time \_\_\_\_\_ and at what phone number \_\_\_\_\_ is it best to call about your pet?

In Case of EMERGENCY, please call \_\_\_\_\_ at telephone number \_\_\_\_\_

Pet's Name \_\_\_\_\_ Approx. Date of Birth \_\_\_\_\_

Dog  Cat  Other \_\_\_\_\_ Sex:  Male  Neutered  Unneutered

Breed \_\_\_\_\_  Female  Spayed  Unspayed

Color \_\_\_\_\_

Reason for Visit \_\_\_\_\_

Previous Veterinarian(s) where past records could be obtained if necessary \_\_\_\_\_

Has your pet been treated for any illness in the past year?  Yes  No

Specify problem(s), medication and dosage, if known \_\_\_\_\_

How did you first hear of us?  Yellow Pages  Other \_\_\_\_\_

Individual we may thank? \_\_\_\_\_

List the names and types of any other animals that you own \_\_\_\_\_

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 \_\_\_\_\_

\*\*\* All visits are to be paid in full at the time services are rendered.