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## Welcome

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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 out the form completely. Thank you.

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## Registration

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Owner \_\_\_\_\_ Driver's License \_\_\_\_\_ Driver's Lic. Exp Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Spouse/Other \_\_\_\_\_ Driver's License \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Email Address \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
How did you here about us? \_\_\_\_\_ Referred by \_\_\_\_\_  
Can we share you pet's pictures on Facebook? \_\_\_\_\_

We will gladly prepare a written estimate if you desire. Please ask the receptionist, tech or doctor.

**Professional fees are due at the time services are rendered.**

Method of Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover Card \_\_\_\_\_ Care Credit

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## Pet Health History

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Name of Pet \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sex: \_\_\_\_\_ Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed  
Vaccination History (Date and type of vaccination) \_\_\_\_\_  
Pet's current medications: \_\_\_\_\_  
Describe your pet's diet: \_\_\_\_\_  
Are you interested in Holistic Medicine? ( ) yes ( ) no ( ) maybe

**Example: Chiropractic, Acupuncture, Herbal Therapy**

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## Authorization

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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 also understand that these charges will be paid at the time of release and that a deposit may be required for surgical and / or hospitalization.

**Signature of Owner or agent** \_\_\_\_\_ **Date** \_\_\_\_\_