

2009

2010

2011

2012

REGISTRATION

NAME: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SPOUSE EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PET #1

PET#2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

DOB/ Age? \_\_\_\_\_

DOB/ Age? \_\_\_\_\_

Sex: \_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Sex: \_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Breed: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Color: \_\_\_\_\_

Current medical conditions/ medications: \_\_\_\_\_

Current medical conditions/medications: \_\_\_\_\_

Reason for visit? \_\_\_\_\_

Previous Veterinarian? \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

If you were referred by a client from here, please give us their name so we may thank them \_\_\_\_\_

If your animal is brought to us in an emergency situation without your knowledge, do you authorize and consent to treatment for stabilization until such time as you can be contacted?

YES \_\_\_\_\_ NO \_\_\_\_\_

Would you like your pets vaccine reminders via email or phone call? (Please circle one)

Email Address: \_\_\_\_\_

**I assume responsibility for all charges incurred in the care of all of my animals. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatments. If a balance is left unpaid, it shall accrue a 20% late fee monthly. I also agree to pay any court fees deemed necessary. A \$30.00 fee will be charged for all return checks.**

\_\_\_\_\_  
Owner/ Responsible Party

\_\_\_\_\_  
Date