

NEW PET REGISTRATION & HISTORY

Date: _____

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Owner Date of Birth: _____ **(for controlled drug dispensing)**

Spouse/ Significant Other Name: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Spouse Phone: _____

Email: _____

Occupation: _____

Emergency Contact if owner is not available: _____

By checking this box I give permission for photos to be taken of my pet and published on our website.

Pet Information

Name: _____ Dog: ___ Cat: ___ Other: ___

Breed: _____ Color: _____ Age/ Birth date: _____

Male _____ Neutered? _____

Female _____ Spayed? _____

Reason for Visit: _____

Vaccines - Type: _____ Date given: _____

Type: _____ Date given: _____

Type: _____ Date given: _____

Current Medications: _____

Known Drug Allergies: _____

Diet: _____

I hereby authorize the veterinarian to examine, treat, and/or prescribe for the above mentioned pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges are to be paid at the time of release and that a deposit may be required for surgical treatment. Accounts 30 days past due are subject to late fees.

Signature of Owner: _____ Date: _____