



Welcome To Our Clinic!

Thank you for giving us the opportunity to care for your pet! We will be happy to answer any questions you may have about your pet's health. To ensure the best care possible, please fill out this form. Thank you!

Owner Information:

Owner's Name: _____ SSN/DL#: _____

Street/Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Spouse/Other: _____ SSN/DL#: _____

Home Phone: _____ Employer: _____

Work Phone: _____ Spouse Work: _____

Cell Phone: _____ Spouse cell: _____

Email Address: _____

Would you like e-mail reminders? Yes No

How did you hear about us? _____ Whom May We Thank? _____

Pet Health History

1) Name of Pet: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Birth Date: _____

Gender: Male Male Neutered Female Female Spayed

Vaccine History: _____

Major Surgeries or Medical Illnesses: _____

Current Medications: _____

2) Name of Pet: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Birth Date: _____

Gender: Male Male Neutered Female Female Spayed

Vaccine History: _____

Major Surgeries or Medical Illnesses: _____

Current Medications: _____

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 for at the time of release.

Signature of Owner: _____ Date: _____