



Welcome

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 in this form completely. Thank you!

REGISTRATION

Owner: _____ DL# _____

Address: _____ City/St _____ Zip _____

Home Phone: _____ Cell #: _____ Email: _____

Place of employment: _____ Work Phone: _____

Spouse: _____ Spouse Phone #: _____

Emergency Contact Name: _____ Phone: _____

Children's name(s) _____

How did you learn of our clinic? Yellow Pages Petsmart/store Facebook/Twitter
 Internet/Search Engine Saw Sign Website
 Vetstreet Friend, who can we thank?

Number of pets: Dogs: _____ Cats: _____ Other (specify): _____

Pet(s)				
Name of Pet	DOB	Male/ Female	Breed/Type	Current Medications

Method you prefer to be contacted regarding your pet

Text : _____ **Email :** _____ **Phone :** _____

AUTHORIZATION

We will gladly prepare a written estimate if you so desire, please request this from the technician or doctor before treatment is done. I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume all responsibility for all charges incurred in the care of the pet(s). I also understand that ALL PROFESSIONAL FEES ARE DUE AT TIME SERVICES ARE RENDERED.

Signature of client responsible for pet: _____ Date: _____