



Additional Pet Registration



Client Information:

Name: _____

Other Animals: _____

Spouse/Co-Owner Name: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: (____) _____

Primary Phone: (Home Cell Work) (____) _____

Secondary Phone: (Home Cell Work) (____) _____

Patient Information

Name: _____

Breed: _____

Date of Birth: ____/____/____

Color: _____

Species: Dog Cat

Sex: Male Female Neutered Male Spayed Female

Reason For Today's Visit: _____

Whom may we contact for vaccine and medical history? _____

Microchip Number: _____

Flea/Tick Control: _____

Monthly Dewormer: _____

Heartworm Medication: _____

Diet: _____

Current Medications: _____

Previous Medical Problems/Surgeries: _____

Have you traveled or do you plan on traveling with your pet: Yes No

If yes, name location(s): _____

Please Note: PAYMENT IS REQUIRED AT THE TIME OF SERVICES ARE RENDERED.

Acceptable Payment Methods: Cash, Check, Visa, Master Card, Discover, American Express, Care Credit

Authorization

I hereby authorize services to be provided for my pet as required for maintaining proper health. I also understand that all fees are due and payable when services are rendered, and that I am responsible for any charges incurred due to returned checks or through collection efforts.

Signature: _____ Date: _____