

# WELCOME

We know how important your pet is to you and we thank you for trusting us to provide the quality care it deserves. Please take a few minutes to fill out the information below.

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secondary Caregiver's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Which number would be the best to reach you in an emergency? \_\_\_\_\_

E-mail Address \_\_\_\_\_

Would you prefer to receive your pet's reminders by E-mail \_\_\_\_\_ or Mail \_\_\_\_\_ delivery?

## Pet's Information

Pet's Name \_\_\_\_\_ Canine \_\_\_ Feline \_\_\_ Other \_\_\_\_\_

Date of Birth/Age \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Neutered/Spayed? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your pet micro-chipped? : Yes \_\_\_ No \_\_\_ If so, microchip number \_\_\_\_\_

Has your pet received any vaccines? Yes \_\_\_ No \_\_\_

Date of Last Vaccines \_\_\_\_\_ Location of Last Vaccines \_\_\_\_\_

Is your pet currently on heartworm prevention? Yes \_\_\_ No \_\_\_ What type? \_\_\_\_\_

Allergies \_\_\_\_\_

Any other medical conditions we need to be aware of? \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of my pet. I also understand that payment must be rendered at the time of service unless prior arrangements have been made.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_