

REGISTRATION

Owner's Name _____ Spouse/Other _____

Address _____ E-Mail _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer's Name & Number: _____

In case of EMERGENCY, please call: _____ Phone: _____

How did you hear about us? _____

Pet's Name _____

Pet's Name _____

Age ___ Dog ___ Cat ___ Other _____

Age ___ Dog ___ Cat ___ Other _____

Microchip # _____

Microchip # _____

Sex: Male ___ Female ___ Altered _____

Sex: Male ___ Female ___ Altered _____

Breed _____

Breed _____

Color _____

Color _____

Reason for Visit _____

Reason for Visit _____

Previous veterinarian(s) where past records can be obtained _____

Has your pet(s) been treated for any illness in the past year? Yes ___ No ___

Specify problem(s), medication and dosage, if known _____

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Owner or Responsible Party Signature _____

Driver's License _____ Exp. Date _____ Birth Date _____

Method of Payment: Cash _____ Check _____ Credit Card _____

❖ **We accept Visa, MasterCard, Discover & Care Credit credit cards.**