



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.

Owner's Name: _____ Profession: _____
 Spouse: _____ Profession: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 E-mail Address: _____
 Please enroll me as a registered member of the hospital website: _____ Yes _____ No
 Please subscribe me to the **FREE** Pet Living and Wellness Newsletter: _____ Yes _____ No
 Topics of interest: ___Dogs ___Cats ___Horses ___Birds ___Dr/Member Announcements

How did you hear about us?

___Referral / Recommendation. Whom may we thank? _____
 ___Yellow Pages ___Drove By ___Website ___Other, Please Specify _____

Pet Information

	Pet #1	Pet #2	Pet #3
Name			
Sex			
Neutered / Spayed			
Birth Date / Age			
Breed			
Color			

Authorization

I hereby authorize the veterinarian to examine, or treat my pet(s). I assume full responsibility for all charges incurred in the care of this/these pet(s). I also understand that these charges must be paid in full at the time services are rendered and that a deposit may be required for surgical treatment or extended hospitalization.

Signature: _____ Date: _____