



Welcome! Thank you for giving us the opportunity to meet you and to care for your pet. Completing this form in its entirety will ensure we have accurate information in our veterinary software regarding your pet and his/her health, and that we have current contact information when we need to communicate with you.

Pet Owner _____ **Date** _____

Address _____ **Apt#** _____ **City, State, Zip** _____

E-mail _____

Phone: (Cell) (Home) (Work) _____ **Phone (Cell) (Home) (Work)** _____

(Your email and phone numbers are entered into our veterinary software only to communicate with you for your pet’s health reminders, practice information, as well as making and confirming appointments)

If you are a seasonal client, would you like to receive reminders for your pet from us? (Yes) (No)

Spouse/Other family authorized to make decisions regarding your pet _____

How did you hear about us? (Referral) (Internet Search) (Sign) (Phone Book)

If you chose referral, please let us know who referred you _____

May we share a picture of your pet on our website or social media page? (Yes) (No)

Pet Information

Pet Name _____ (Dog) (Cat) **Age/Birthday** _____

(Male) (Neutered) (Female) (Spayed) **Breed** _____ **Color** _____

What is the reason for your visit today? _____

Do you have a copy of your pet’s vaccine history with you today? If not, may we call your pet’s last veterinary hospital to obtain his/her records? (Yes) (No) Hospital Name _____

Current medications/health conditions _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this pet. I also understand charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Owner signature _____