

## Welcome to Our Practice

Thank you for giving us the opportunity to care for your pet. Please take a moment to fill in this form so that we will have the information we need to set up or update your records. We'll be happy to assist you and/or answer any questions you have.

### Registration

Name \_\_\_\_\_ Spouse/Partner \_\_\_\_\_

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

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

Employer \_\_\_\_\_ Employer's Address \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about us

Internet Search \_\_\_\_\_ Website \_\_\_\_\_ Friend/Relative \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Other \_\_\_\_\_

If recommended, whom may we thank? \_\_\_\_\_

### Please tell us about your pet(s)

Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

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### Authorization

I assume full responsibility for all charges incurred in the care of my pets. I also understand these charges will be paid at the time of release, unless prior arrangements have been made, and that a deposit may be required for some medical procedures and surgical treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_