



# WELCOME

Thank you for giving us the opportunity to care for your furry family member! In order for us to give the best care possible, we ask that you please fill out this form. Thank you!

Owner's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

In Case of EMERGENCY, Please Call \_\_\_\_\_

Who can we thank for your business? \_\_\_\_\_

## Pet Health History

Pet's Name \_\_\_\_\_ Species \_\_\_\_\_ Birthday \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Gender: Male / Female      Neutered (Male) / Spayed (Female)

Current Medications:

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Vaccination History (Date and Type of Current Vaccinations) :

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## Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume all financial responsibility for the charges incurred in the care of this animal. I understand that these charges must be paid for at the time service is rendered.

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

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