



# Welcome

## To Animal Health Care Center

Thank you for giving us the opportunity to care for your pets. We will 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 out this form completely. Thank you!

### Registration

Date: \_\_\_\_\_

Owner's Name \_\_\_\_\_ SS# \_\_\_\_\_

Spouse/Co-Owner's Name \_\_\_\_\_ SS# \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

How would you prefer to be notified of vaccination reminders (circle one): E-mail / Regular Mail / Both

Employer's Name & Address \_\_\_\_\_

Spouse/Co-Owner's Employer & Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you learn of our clinic?  Yellow Pages  Website  Sign  Recommendation

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

### PET 1

### PET 2

Name \_\_\_\_\_

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Birth Date \_\_\_\_\_

Species:  Dog  Cat Other \_\_\_\_\_

Species:  Dog  Cat Other \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_

Color \_\_\_\_\_

Color \_\_\_\_\_

Neutered/Spayed? \_\_\_\_\_ Date \_\_\_\_\_

Neutered/Spayed? \_\_\_\_\_ Date \_\_\_\_\_

Vaccination History \_\_\_\_\_

Vaccination History \_\_\_\_\_

Long Term Problems \_\_\_\_\_

Long Term Problems \_\_\_\_\_

Current Medications \_\_\_\_\_

Current Medications \_\_\_\_\_

Pet's Diet \_\_\_\_\_

Pet's Diet \_\_\_\_\_

Reason For Visit \_\_\_\_\_

Previous veterinarian(s) where past records can be obtained \_\_\_\_\_

### Authorization

I hereby authorize Animal Health Care Center to examine, prescribe for and treat the pet(s) listed above. I assume responsibility for all charges incurred in the care of the animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

Signature of Owner or Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Payment: Cash Check VISA/MC Driver's License Number \_\_\_\_\_ State \_\_\_\_\_