



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 _____