



Act. # \_\_\_\_\_

**Registration**

*Enriching the human animal bond, one pet at a time!*

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Best place to call: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Best time: AM \_\_\_\_\_ PM \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Number: \_\_\_\_\_ May we contact you at work?  YES  NO

Spouse's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Email address: \_\_\_\_\_ *(Hospital use only)*

**Pet(s) Health History**

**Do you want our clinic to send Vaccine reminders for your pet(s)?** Yes \_\_\_\_\_ No \_\_\_\_\_

Do we need to obtain records from a previous veterinarian? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, contact information: \_\_\_\_\_

<u>Pet's Name</u>	<u>Species</u> Dog / Cat / Rat / Snake...	Male or Female	<u>Altered</u> "fixed" Yes / No	<u>Breed</u>	<u>Color</u>	<u>Birthday</u> (Age)	<u>Microchip</u> Yes / No Unknown?

\*Are any of your pets currently on any medication? Who? \_\_\_\_\_  
What? \_\_\_\_\_

How did you learn of our clinic? Were you referred by someone? \_\_\_\_\_

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

**DO YOU QUALIFY FOR A DISCOUNT?** Military-Active/Retired \_\_\_\_\_ Senior citizen 60yrs. + \_\_\_\_\_  
*(If so please have I.D ready for verification)*

**Payment is expected at time of service.**  
**WE ACCEPT THE FOLLOWING FORMS OF PAYMENT:**  
**VISA, MASTERCARD, CARE-CREDIT, CHECK & CASH**