

**~Welcome~**

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you may have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely. Thank you!

**~Registration Form~**

**Owner** \_\_\_\_\_ **DL#** \_\_\_\_\_  
Spouse \_\_\_\_\_ DL # \_\_\_\_\_  
Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work # \_\_\_\_\_ Spouse Cell \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
How did you learn about our  
Clinic? \_\_\_\_\_  
Number of pets? Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

**~Authorization~**

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

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_