



# WELCOME!

Thank you for giving us the opportunity to provide the highest quality healthcare 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.

## REGISTRATION

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

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

Home Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ (Please present to receptionist)

Best time to contact you: \_\_\_\_\_ atPhone Number : ( ) \_\_\_\_\_

In case of an EMERGENCY, please call: \_\_\_\_\_

Who was your previous veterinarian? \_\_\_\_\_

## HOW DID YOU BECOME AWARE OF OUR HOSPITAL?

Referred by a friend? Whom may we thank? \_\_\_\_\_

Referred by a veterinarian? Whom may we thank? \_\_\_\_\_

Yellow Book Windstream The Real Yellow PagesLocal newspaper \_\_\_\_\_

Drove by Community Event Flyer/Brochure Our Website I am a Previous Client

## REMINDERS

What methods of communication do you prefer for reminders?

Email \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Text ( ) \_\_\_\_\_ - \_\_\_\_\_

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred for the care of this pet. I understand that all charges must be paid at time of release and that a deposit may be required for surgical and/or emergency procedures.

Signature of owner/agent: \_\_\_\_\_ Date: \_\_\_\_\_