

Welcome Sheet

Thank you for giving us the opportunity to care for your pet. We'll 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 in this form completely. Thank you!

Owner: _____ Driver's License # _____

Address: _____ City: _____ State: _____ Zip: _____

Spouse: _____ Driver's License # _____

Home Phone: _____ Work Phone: _____ Spouse Phone: _____

Emergency Contact Name: _____ Phone: _____

If recommended, by whom? _____

Number of pets: Dogs _____ Cats _____ Other (specify) _____

Reason for visit _____

Email Address: _____

PET HEALTH HISTORY

Name of pet _____ Dog Cat Other _____

Breed _____ Color _____ Birth Date _____

Male Neutered Female Spayed

Vaccination History (date and type of last vaccinations) _____

Name and phone number of previous animal hospital _____

Pet's current medication _____

Describe you pet's diet _____

Authorization

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

Signature of owner _____ Date _____

Method of payment Cash Check MasterCard Visa Discover