



## Welcome Registration Form

Owner \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_  
Spouse/Partner \_\_\_\_\_ Cell# \_\_\_\_\_  
Email Address \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone# \_\_\_\_\_

Patient Name: \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth Date \_\_\_\_\_  
Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_  
Number of pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

**Reason for today's visit** \_\_\_\_\_

How did you learn of our clinic: \_\_\_\_\_

Names of Previous Vet(s) \_\_\_\_\_

If recommended, by whom \_\_\_\_\_

### 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 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/guardian \_\_\_\_\_ Date \_\_\_\_\_