PATIENT REGISTRATION

Thank you for the opportunity to serve you and your pet. We are trying to bring you the best possible medical care for your pet, by using up-to-date diagnostic equipment as well as current diagnostic and therapeutic techniques. Another important part of good care is daily home care, which often just requires answers to questions. We are here for that purpose also, so please feel free to talk to us.

MONEY: We are trying to render a good service for a fair price. To help keep costs in line, **CASH, CHECK OR CREDIT CARD PAYMENT REQUIRED ON ALL SERVICES AS THEY ARE RENDERED**. We will be glad to discuss costs in advance at any time.

PLEASE PRINT

Name of Owner _____
Last First Middle

Street Address _____
Street City Zip Code

Mailing Address (If different from above)_____

Drivers License Number _____ SS Number _____

Place of employment _____

Home Phone _____ Business Phone _____

Cell Phone_____ Pager Number_____

Who referred you to this animal clinic? _____

PET INFORMATION

1. Name of Pet: _____ Sex: _____ Color:_____

   Is pet spayed or neutered? _____ Breed: _____ Birth Date:_____

   (Dogs) Last Distemper / Parvo / Lymes Vaccine_____ **(Dogs)** Last Heartworm test _____

   (Cats) Last FVRCP / FELV Vaccine _____ **(Cats)** Last Feline leukemia and aids test _____

2. Name of Pet: _____ Sex: _____ Color: _____

   Is pet spayed or neutered? _____ Breed: _____ Birth Date: _____

   (Dogs) Last Distemper / Parvo / Lymes Vaccine_____ **(Dogs)** Last Heartworm test _____

   (Cats) Last FVRCP / FELV Vaccine _____ **(Cats)** Last Feline leukemia and aids test _____

PAYMENT IS REQUIRED ON ALL SERVICES AS THEY ARE RENDERED

_____

Signature (Must be 18 years of age)