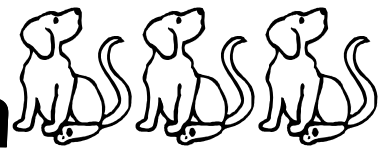


# Registration



**Please take time to fill out this registration form for our records. Make sure that the spaces that are encoded in **RED** are completely filled out.**

**Date** \_\_\_\_\_ **File Number** \_\_\_\_\_

**Owner's Name** \_\_\_\_\_ **Spouse** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_ **Zip** \_\_\_\_\_

**Home Telephone** \_\_\_\_\_ **Work Telephone** \_\_\_\_\_

**Employer's Name & Phone #** \_\_\_\_\_

**Spouse's Employer's Name & Phone #** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_ **Spouse's Cell Phone #** \_\_\_\_\_

**Pet's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

\_\_\_ **Dog** \_\_\_ **Cat**

**Sex:** \_\_\_ **Male** \_\_\_ **Female**

**Breed** \_\_\_\_\_

\_\_\_ **Spayed** \_\_\_ **Neutered**

**Color** \_\_\_\_\_

**Reason For Visit** \_\_\_\_\_

**Previous Veterinarian with past records** \_\_\_\_\_

**Has your pet been treated for any illness this year?** \_\_\_ **Yes** \_\_\_ **No**

**Specify problem(s), medication, and dosage** \_\_\_\_\_

**How did you hear of us?** \_\_\_ **Welcome Wagon** \_\_\_ **Yellow Pages** \_\_\_ **Other**

**Who may we thank for recommending you?** \_\_\_\_\_

**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.**

**Owner or Responsible Party (Please Sign)** \_\_\_\_\_

**Driver's License Number** \_\_\_\_\_ **State** \_\_\_\_\_