



# Registration



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

**Date** \_\_\_\_\_

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

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

**Spouse/Other** \_\_\_\_\_

**Address** \_\_\_\_\_

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

**Phone Number** \_\_\_\_\_

**Work Phone Number** \_\_\_\_\_

**Cell Phone Number** \_\_\_\_\_

**Spouse/Other's Cell** \_\_\_\_\_

**Owner's Date of Birth** \_\_\_\_\_

**Spouse/Other Date of Birth** \_\_\_\_\_

**Pet's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

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

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

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

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

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

**Reason for Visit** \_\_\_\_\_

**How did you hear of us?** \_\_\_\_\_ **Website**      \_\_\_\_\_ **Facebook**      \_\_\_\_\_ **Google**

**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 treatment.**

**If we are not notified within 24 hours of your appointment for a cancellation, you will be charged a \$55.00 no show fee for that missed appointment. Surgery non-cancellation fee is \$125.00.**

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

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

**State** \_\_\_\_\_