

 **Registration** 

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

Date _____ Chart Number _____

Owner's Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Phone Number Best Reached at _____

Spouse/Other Phone Number _____

Owner's Date of Birth _____ for calling in controlled medications.

Primary Contact Email _____

Any other person(s) authorized on this account? For financial and medical decisions or able to get information on the pets in this chart?

Name	Relationship	
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Pet's Name _____ Date of Birth _____

_____ Dog _____ Cat Sex: _____ Male _____ Female

Breed _____ Neutered _____ Spayed _____

Color _____

How did you hear of us? Facebook _____ Google _____ Word of Mouth _____

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 will be required for treatment.

If we are not notified within 24 hours of your appointment for a cancellation, you will be charged a \$65.00 no show fee for that missed appointment. Surgery non-cancellation fee is \$200.00.

Owner or Responsible Party Signature X _____

Print Name X _____