

Emergency Registration Form

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you may have about your pet's health. To ensure the best care possible, please take the time to fill out this form completely. Thank you!

Client Information

Name _____ Date: _____
(Last Name) (First Name) (Initial)

Spouse/Partner: _____

Address: _____ City: _____ State: _____

Zip: _____ Primary Phone: _____

Cell Phone: _____ Spouse/Partner Primary Phone: _____

Email Address: _____ Driver's License #: _____

Reason for visit: _____

How did you learn about our practice?:

Friend/Neighbor _____ TV _____ Other (please specify) _____

Facebook _____ DMV _____

Newspaper _____ Drive By _____

Website _____ Primary Veterinarian (please specify) _____

Pet Information

Pet's Name: _____ Type of Animal: _____

Breed: _____ Color: _____

Sex: Male _____ Neutered _____ Female _____ Spayed _____ Weight: _____

Date of Birth: _____ Microchip #: _____

Has this pet been examined by a veterinarian within the past year? Y/N

Primary Veterinarian Name: _____

Primary Veterinarian Hospital Name: _____

Has this pet bitten anyone in the last ten days? Y/N

Current Medications (if any): _____

Allergies to meds or vaccines, Prior illness/injury/surgery: _____

Pet Insurance Company and Policy Number: _____

Describe your pet's diet: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. 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.

Signature of Owner/Agent: _____

Date: _____

Method of Payment:

____ Credit Card ____ Check ____ Cash ____ Care Credit