

# WELCOME

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

## Registration

TODAY'S DATE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ SPOUSE/OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE(     ) \_\_\_\_\_ WORK PHONE(     ) \_\_\_\_\_

CELL PHONE(     ) \_\_\_\_\_ SPOUSE CELL(     ) \_\_\_\_\_

EMAIL \_\_\_\_\_ DRIVER'S LICENSE \_\_\_\_\_

EMPLOYER'S NAME & ADDRESS  
 \_\_\_\_\_

SPOUSE'S EMPLOYERS NAME & ADDRESS  
 \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE CALL  
 \_\_\_\_\_

## Pet Health History

PET'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

TYPE OF ANIMAL     DOG         CAT         OTHER \_\_\_\_\_

SEX             MALE         NEUTERED         FEMALE         SPAYED

BREED \_\_\_\_\_ COLOR \_\_\_\_\_ WEIGHT \_\_\_\_\_

VACCINATION HISTORY (Date and type of last vaccinations)  
 \_\_\_\_\_

CURRENT MEDICATIONS, IF ANY \_\_\_\_\_

PLEASE LIST AND DESCRIBE ALL PETS IN YOUR HOME  
 \_\_\_\_\_

## Authorization

I hereby authorize Dr. Kenneth Preli, DVM or Dr. Stephanie Preli, VMD to examine, prescribe for, or treat the above described pet. I assume full responsibility for all charges incurred in the care and treatment of this animal. I understand that these charges will be paid in full at the time of release and that a deposit may be required.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Method of payment    Cash     Mastercard     VISA     Debit     Discover     CareCredit