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|
|  **To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!** |
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|  | REGISTRATION |

**Owner:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Driver’s License** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home phone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Employer**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Emergency contact name and** **number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of pets: Dogs**\_\_\_\_\_\_\_\_\_ **Cats:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Other:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
|  | PET HEALTH HISTORY |

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| **Name of Pet:** |  | **[ ]  Dog** | **[ ]  Cat** | **[ ]  Other:** |  |
| **Breed:** |  | **Color:**  |  | **Birthdate:** |  |
|  | [ ]  **Undetermined** | **[ ]  Male** | **[ ]  Neutered** | **[ ]  Female** | **[ ]  Spayed** |  |
| **Hospital that gave last vaccines: Phone Number:** |
| **Any allergies/drug reaction:** |
| **Previous Illnesses/Surgeries:**  |
| **On going medical conditions:** |

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| --- |
| **Reason for Visit / Any symptoms or problems that you have noticed about your pet:** |

|  |  |
| --- | --- |
| **Pet's current meds/supplements** |  |
| **Pet's diet / treats :**  |  |
| **Where did you aquire your pet from:** |  **Age when acquired:** |
| **How would you like reminders sent:** | **Mail** [ ]  **Email** [ ]  **Text** [ ]  **All** [ ]  |

**Release of Information for Media or Website Publication**

\_\_\_\_\_\_\_\_\_\_ **I authorize/** \_\_\_\_\_\_\_\_**I do not authorize** the staff at this veterinary practice to release portions of my pet’s medical history and record, including personal recollections, radiographs, photographs, videotape images or other images to use with media entities including, but not limited to:

**\* *Facebook \*Google Plus \* Twitter \* SnapChat\* PetCallsAH.com***

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|  | AUTHORIZATION |

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for 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. A monthly service charge of 1.5% will be applied to all accounts outstanding beyond 30 days from the date of services are performed. Further, the undersigned will be responsible for all costs of collection including reasonable attorney's fees and court costs, if necessary.

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| **Signature of Owner:** |  | **Date:** |  |