



Today's date: _____

Registration Form

(Please Print Clearly)

Owners Name: _____

Spouse / Co-Owner's Name _____

Home Address: _____ City: _____ State: _____ Zip: _____

Summer/Local Address: _____

Primary Phone: _____ Secondary Phone: _____

Please circle one: **Cell / Home**

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Email: _____ Drivers License _____

Employer's Name/Address: _____

Emergency Contact: _____ Phone: _____

Regular Vet: _____

Would you like a copy of your pet's medical records transferred to the vet listed above? Yes No

Would you like your pets lab results sent to you via text message? Yes No

If yes, which phone number is best? (**Must be a cell phone**) _____

Pet's Description

Name: _____ Species (dog,cat,bird, etc): _____

Breed: _____ Color: _____ Age or Date of Birth: _____

Gender: _____ Spayed or Neutered
(female) (male)

Please circle one : indoor/outdoor indoor only outdoor only

Where did you get your pet from _____ at what age? _____

How Did You Hear About Us?

___ Web Site ___ Shelter/Rescue ___ Client (Who may we thank) _____

___ Veterinary Practice ___ Facebook ___ Sign/Drive By ___ Other

Form of Payment

All bills must be paid in full when services are rendered. A 75% deposit will be required on hospitalized patients.

We accept all major credit cards, including Care Credit. We do not bill.

___ Cash ___ Credit Card/Debit ___ Care Credit