

Staff use only: Account#: 65 Employee Initials: \_\_\_\_\_ Double Checked [ ] Initials: \_\_\_\_\_

**WELCOME TO WELL-PET VET CLINIC**

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

**REGISTRATION**

Owner: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

\*We no longer send out vaccine reminders via mail, all communication will be via email.

**PET HEALTH HISTORY**

Name of Pet #1: \_\_\_\_\_

Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ Male/Female Neutered/Spayed

Is your pet microchip? Yes / No If no, would you like one? Yes / No

Reason for visit: \_\_\_\_\_

Where did you get from: Friend Breeder Pet Store Found Other: \_\_\_\_\_

How long have you had your pet: \_\_\_\_\_

Name of Pet #2: \_\_\_\_\_

Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ Male/Female Neutered/Spayed

Is your pet microchip? Yes / No If no, would you like one? Yes / No

Reason for visit: \_\_\_\_\_

Where did you get from: Friend Breeder Pet Store Found Other: \_\_\_\_\_

How long have you had your pet: \_\_\_\_\_

**AUTHORIZATION**

**I verify that I am 18 years or older and 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 I drop off the above animal.**

Signature of Owner or

Representative \_\_\_\_\_ Date \_\_\_\_\_