



# ANIMAL CARE

C E N T E R VETERINARY HOSPITAL  
YOUR OTHER FAMILY DOCTOR.

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any question 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 (Last name first) \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
Your Driver's License Number \_\_\_\_\_ State \_\_\_\_\_  
Spouse/Co-Owner \_\_\_\_\_ Phone \_\_\_\_\_  
In case of EMERGENCY call \_\_\_\_\_ Phone \_\_\_\_\_  
How did you learn of our clinic?  Recommendation  Website  
If recommended, by whom? \_\_\_\_\_  
Reason for visit \_\_\_\_\_

## PET INFORMATION

	Pet #1	Pet #2	Pet #3
Name			
Cat or Dog?			
Breed			
Color			
Age/Date of Birth			
Sex/ Spayed or Neutered?			
Previous Vet/ Phone #			
Microchip #			
Vaccination History:			
DHLP-PV			
Bordatella/Kennel Cough			
Rabies			
FVRCP			
FELV			
Any other Vaccinations			
Groomer			
Kennel			
Current Medications:			
Special Diet			
Prior Illness/Accidents			
Prior Surgery/Dentistry			

PAST HEALTH ISSUES

Has your pet ever had any of the following:

Ear Infections

Hot Spot

Skin Issues

Urinary Tract Infection

Thyroid Problems

Heart Condition

Diabetic

Other

Details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZATION

I hereby authorize the veterinarian to exam, prescribe for, or treat the above described pet(s). 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 surgical treatment.

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

Method of Payment:  Cash  Care Credit  MC/Visa  Discover  AmEx