

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

2qaVaccination History (Date &

Type): _____

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 _____