



Welcome

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

Client # _____

Registration

Date _____

Owner _____ DL# _____ SS# _____

Address _____ Home Phone () _____

City _____ State _____ Zip _____

Place of employment _____ Work Phone () _____

E-mail address _____ Cel Phone () _____

Spouse's name _____ DL# _____ SS# _____

Place of employment _____ Work Phone () _____

E-mail address _____ Cel Phone () _____

Emergency contact _____ Emergency Number () _____

Information

How did you learn about our clinic? Yellow Pages _____ Newspaper _____ Sign _____
Recommendation _____ Website _____

If recommended by whom? _____

How many pets are in your family? Number of Dogs: _____ Cats: _____ Birds: _____
Pocket Pet: _____ Reptiles: _____
Other (specify): _____

Authorization

I hereby authorize Dr. Craig Williams to examine, prescribe for, and/or medically treat my pet(s). I assume responsibility for ALL charges incurred in the care of my animals. I also understand that these charges will be paid at the time of service and that a deposit may be required for surgical and/or medical treatment.

Signature of owner _____ Date _____