



Welcome

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!

Registration

Date _____

Owner _____ SS # _____

Address _____ City _____

State _____ Zip _____ Email Address _____ Employer _____

Partner _____ SS # _____

Home Phone _____ Cell Phone _____

Work Phone _____ Partner Work _____

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

If recommended, by whom? _____

Method of Payment: Cash Check Major Credit Card Care Credit (Finance Program)

Number of pets: Dogs _____ Cats _____ Other (specify) _____

Reason for visit _____

Pet Health History

Name of pet _____ Dog Cat Other _____

Breed _____ Color _____ Birth date or age _____

Male Neutered Female Spayed

Vaccination History (Date and type of last vaccinations) _____

Prior Surgery _____ Prior Illness _____

Pet's current medications _____

Describe your pet's diet _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for 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 treatment.

I hereby authorize Flanary Veterinary Clinic, PLLC to photograph, take motion pictures, take video footage, and/or make electric sound recordings of me and my pet.

I authorize the use of any such photographic or electronic reproductions of me and my pet for any purpose. (I understand that I may be identifiable from such photographic and electronic reproduction). We will gladly give an estimate first.

Signature of Owner _____