



# 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 \_\_\_\_\_