



# 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!

## Client REGISTRATION

Owner:	Date:
Address:	Employer:
City/State/Zip:	Email:
Primary Phone #: <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	Other #: <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
Spouse/Partner:	Phone #: <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
How did you learn about our clinic? <input type="checkbox"/> Sign Outside <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Facebook <input type="checkbox"/> MBAH Website <input type="checkbox"/> Google <input type="checkbox"/> If recommended, by whom?	
Number of Pets Dogs:	Cats: Other (Specify):

## PET Registration

Name of Pet:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:
Breed:	Color: Birthdate:
<input type="checkbox"/> Undetermined <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female	<input type="checkbox"/> Spayed

Name of Pet:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:
Breed:	Color: Birthdate:
<input type="checkbox"/> Undetermined <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female	<input type="checkbox"/> Spayed

Name of Pet:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:
Breed:	Color: Birthdate:
<input type="checkbox"/> Undetermined <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female	<input type="checkbox"/> Spayed

Name of Pet:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:
Breed:	Color: Birthdate:
<input type="checkbox"/> Undetermined <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female	<input type="checkbox"/> Spayed

Name of Pet:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:
Breed:	Color: Birthdate:
<input type="checkbox"/> Undetermined <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female	<input type="checkbox"/> Spayed

## AUTHORIZATION

By signing below, I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet(s). I assume full responsibility for all charges incurred for the care of this animal. I understand that all charges are to be **paid in full at the time of release** and that a 75% deposit will be required for hospitalization or surgical treatment.

Signature of Owner: _____	Date: _____
Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Other: _____	