



Welcome

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health, in order to ensure the best care possible. Please take the time to fill out this form completely. **Thank you.**

REGISTRATION

TODAY'S DATE _____

Responsible party must be 18 years-old

OWNER'S NAME _____

STREET _____ APT# _____

CITY _____ STATE _____ ZIP _____

ADDITIONAL OWNER'S NAME _____

• Please circle the best number to contact you during the day.

MOBILE PHONE _____ HOME PHONE _____ OTHER PHONE _____

EMPLOYER _____ WORK PHONE _____

• By providing us with your email you'll get access to our Pet Desk app as well as emails from us. We'd love to tell you more about it!

EMAIL _____

Were you referred to us by a current client? If yes, who? _____ We would like to send them a Thank you!

If not, how did you find out about us? _____

PET(S) HEALTH HISTORY

NAME OF PET(S)	BREED	COLOR	BIRTHDATE	M/F	SPAYED OR NEUTERED?	IS YOUR PET MICROCHIPPED

• If you have previous medical history and you brought it with you today, thank you! We would like to make a copy of it to complete your pet's record with us.

• Are any of your pet(s) on medications or supplements? If so, please list: _____

• Has your pet(s) ever had a reaction to vaccines or medications? YES NO

• Does your pet(s) have any known allergies? YES NO If yes, please list: _____

• Is there anything else you would like to share with us about your pet(s)? _____

AUTHORIZATION

I hereby authorize the doctors and staff of Animal Medical Center of Healdsburg to provide medical service for my pet(s) and assume full responsibility, understanding that services are to be paid for at the time of the release of my pet(s). I also understand that a deposit may be required for some surgical services and/or treatments. Any fees associated with an overdue account, late fees, collection agency costs, attorney fees, and court costs are my responsibility. The charge for a returned check is \$30.00.

We will be more than happy to give you a detailed estimate prior to your pet(s) being seen. Please let us know!

SIGNATURE OF OWNER _____ DATE _____

Responsible party must be 18 years-old

PAYMENT OPTIONS ACCEPTED: Cash Check Mastercard Visa Discover American Express Care Credit