



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

Owner: _____ Date: _____

Address: _____ Previous Vet: _____

Significant Other: _____ Email: _____

Primary Phone: _____ Secondary Phone: _____ Work Phone: _____

Emergency Contact Name: _____ Phone: _____

How did you learn about our clinic? Sign Outside Mailer Facebook Recommendation
 Website News Paper Other: _____

If recommended, by whom? _____

Number of Pets Dogs: _____ Cats: _____ Other (Pls. Specify): _____

Reason for Visit: _____

PET HEALTH HISTORY

Name of Pet: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Birthdate: _____

Undetermined Male Neutered Female Spayed

Vaccination History (date and type of last vaccinations): _____

Significant Medical History: _____

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/s. I assume full responsibility for all charges incurred for the care of this/these animal/s. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

I consent to allow Atlas Pet Clinic to use my/my pet's image as deemed appropriate for advertising purposes.

Signature of Owner: _____ Date: _____

Method of Payment: Cash Debit Card Credit Card

Sorry, we do not accept CHECKS or CARE CREDIT