

TRI-COUNTY SMALL ANIMAL HOSPITAL

Welcome! Thank you for giving us the opportunity to care for your pet. To insure the best care possible, please fill in this form completely.

You must be 18 years old or older and in doing so you are responsible for any and all charges that occur.



Registration

Owner's Name _____
Address _____
Mailing Address _____
City, State, Zip _____
Home Phone _____
Cell Phone _____
Work Phone _____
Social Security # _____
Driver's License # _____
Email _____

Spouse or Co-owner's Name _____
Work Phone _____
Cell Phone _____
Social Security # _____
Driver's License # _____

Contact Person - A friend or relative who may be assisting the care of or transportation of this animal. Person to contact if owner is out of town.

Name: _____ Address: _____

Relationship: _____ Home Phone: _____ Work Phone: _____

How did you learn about our hospital?

[] Because of location [] Yellow Pages [] Been here before [] Friend or Relative [] Other (specify) _____

Pet Health History

Pet's Name: _____

[] Dog [] Cat [] Other _____

Breed: _____

Color: _____

Date of birth: _____

[] Male [] Neutered [] Female [] Spayed

Please check the vaccinations given in the past year: [] None

DOG: [] Rabies [] Distemper [] Parvo [] Leptospirosis [] Bordatella
CAT: [] Rabies [] FVRCP (panleukopenia, herpes virus, calici virus) [] Feline Leukemia [] FIV [] Other

May we have your permission to share your pet's vaccination info. with kennel/boarding facilities and/or other veterinarians?

[] Yes [] No

May we have your permission to share your pet's full medical info. with another veterinarian if necessary?

[] Yes [] No

Signature _____ Date _____

When were vaccinations given _____ Where _____ Phone number _____

Is your pet on heartworm prevention? [] Yes [] No Type: _____

Is your animal allergic to any medications? [] Yes [] No List: _____

Will your animal be boarding anywhere? [] Yes [] No Where: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet. I assume responsibility for all charges incurred in the care of the animal. I understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner/Agent _____ Date _____

Please choose a

method of payment: [] Cash [] Mastercard [] VISA [] American Express [] Discover [] Care Credit [] Scratch Pay