

Welcome

to Electric City Animal Clinic

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

REGISTRATION

Owner _____ SS# _____ DL# _____
Address _____
E-Mail _____
Spouse _____ SS# _____ DL# _____
Home Phone _____ Work Phone _____ Spouse Work Phone _____
Emergency Contact Name _____ Phone _____
How did you learn of our clinic? Yellow Pages Recommendation
 Sign Other _____
If recommended, by whom? _____
Number of pets: Dogs _____ Cats _____ Other(specify) _____

PET HEALTH HISTORY

Pet #1	Pet #2
Name _____	Name _____
Date of Birth _____	Date of Birth _____
Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____
Breed _____ Color _____ Sex _____	Breed _____ Color _____ Sex _____
Neutered/Spay <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	Neutered/Spay <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
Date Last Vaccinated _____	Date Last Vaccinated _____
Where Shots Obtained _____	Where Shots Obtained _____
Any Long-Term Problems _____	Any Long-Term Problems _____
Current Medications, If Any _____	Current Medications, If Any _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in 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 surgical/medical or hospitalization treatment.

Signature of Owner _____ Date _____
Method of Payment Cash Check Mastercard VISA
 Other _____