

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 of Birth: _____

Address: _____

City: _____ Zip Code: _____ State: PA

Cell: _____ Home Phone: _____ Other Phone: _____

Secondary Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

How did you hear about us? Outside Sign Yellow Pages Facebook Website
 News Paper Friend: _____ Other: _____

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

Reason for Visit: _____

PET HEALTH HISTORY

Name of Pet: _____ Dog Cat Birthdate / Age: _____

Breed: _____ Color: _____

Gender: Male Neutered Female Spayed

Pet's Diet: _____

Previous Veterinarian / Clinic: _____

May we contact them for records if needed? Yes No

AUTHORIZATION

____ I give my permission to use my pet's picture in future publications (i.e. newsletters, facebook or website). Initial please. Write NO if you do not give permission.

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that a deposit may be required for surgical treatment or hospitalization. **Payment is due at the time the services are rendered.** We do **NOT** allow payment plans. For your convenience, we do accept cash, checks, all major credit cards, debit cards and Care Credit. There will be a \$40.00 service charge for any returned check.

If you desire, we will gladly prepare an estimate for any recommended treatments (please ask our doctor, receptionist, or technicians upon arrival)

Email information will be used **only** for patient reminders and will give you access to the Petly Page (a patient portal)

Email: _____

Signature of Owner: _____ Date: _____