



# 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. To ensure the best care possible, please take the time to fill out this form completely. Thank you!

## REGISTRATION

Date: \_\_\_\_\_ Client ID (for office use only): \_\_\_\_\_

Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by : \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

## PET INFORMATION

<u>Name</u>	<u>Species</u>	<u>Breed</u>	<u>Color</u>	<u>M/F</u>	<u>Spayed/Neutered</u>	<u>Birthdate/Age</u>

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. 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 treatment. I further understand that Paddock Park Animal Care Center does not bill it's clients and that payment in full is expected at the time that services are rendered. I realize that Paddock Park Animal Care Center accepts cash, check, American Express, Debit Card, Discover, Master Card, and Visa for payment.

Signature of Owner (or authorized agent): \_\_\_\_\_