



WELCOME

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you may have about your pet's health. To insure the best care possible, please take a moment to fill in this form completely. Thank you from all of us here at Overland Veterinarian Clinic

REGISTRATION

(* REQUIRED FIELDS)

E-Mail Address: _____ *Date _____

*Owner _____ *Spouse _____

*Social Security # _____ *Drivers License # _____ *Exp _____

*Address _____ *City & State _____ *Zip _____

*Home Phone _____ *Work Phone _____ *Cell Phone _____

*Name of Employer _____ *Work Title _____

*Address _____ *City & State _____ *Zip _____

Emergency Contact Name _____ Phone _____

How did you hear about our clinic? _____

If recommended, by whom? _____

PET HEALTH HISTORY

Name of pet _____ Dog Cat Other _____

Breed _____ Color _____ Birthday _____

Male Neutered Female Spayed

Microchip Number: _____ & Company _____

Vaccination History: (Please Include dates)

DHLPPC/FVRCP _____ Rabies _____ FIP/Corona _____ FELV/Parvo _____ FTLV/Bordetella _____

Medical History / Pre-Existing Condition History: _____

Pet's Current Medication _____

Describe your pet's diet _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. I assume full responsibility for all the charges incurred in the care of this animal. I also understand that these charges will be paid at the same time of release and that a deposit may be required for surgical treatment. I understand that my credit card number on file will be charged for any outstanding balance I may have at Overland Vet Clinic.

*Please included a credit Card for our files: Visa M/C Discover American Express

*Number _____ *Exp. _____

*SIGNATURE OF OWNER _____ *DATE _____