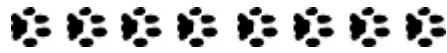


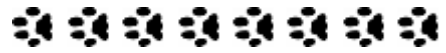
WELCOME ... to ACVC



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 _____ Date _____

Address _____

City _____ State _____ Zip _____ Home Ph. _____

Cell Ph. _____ Work Ph. _____ Email _____

Spouse _____ Spouse's Cell Ph. _____ Spouse's Work Ph. _____

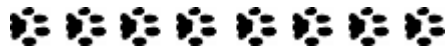
Emergency Contact Name _____ Ph. _____

How did you learn of our clinic?

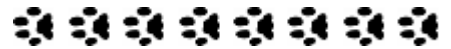
Yellow Pages Sign Internet Search Other _____

Recommendation, by whom? _____

Number of pets in household/type of pets: Dogs _____ Cats _____ Birds _____ Other _____



PET HEALTH HISTORY



Name of pet _____ Dog Cat

Breed _____ Color _____ Birthdate _____

Male Neutered Female Spayed

Vaccination History (Date and type of last vaccination) _____

Reason for visit _____

Symptoms _____

Pet's current medications _____

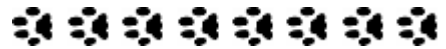
Flea and Tick medication? _____

Any known allergies or allergic reactions? _____ If so, what? _____

Describe your pet's diet (i.e. brand of food, dry, canned) _____



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 testing and/or treatment.

Signature of Owner _____ Date _____

Method of payment: Cash Visa Mastercard Debit Card



ADDITIONAL PET REGISTRATION

PET HEALTH HISTORY

Name of pet _____ Dog Cat

Breed _____ Color _____ Birthdate _____

Male Neutered Female Spayed

Vaccination History (Date and type of last vaccination) _____

Reason for visit _____

Symptoms _____

Pet's current medications _____

Flea and Tick medication? _____

Any known allergies or allergic reactions? _____ If so, what? _____

Describe your pet's diet (i.e. brand of food, dry, canned) _____

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 testing and/or treatment.

Signature of Owner _____ Date _____

PET HEALTH HISTORY

Name of pet _____ Dog Cat

Breed _____ Color _____ Birthdate _____

Male Neutered Female Spayed

Vaccination History (Date and type of last vaccination) _____

Reason for visit _____

Symptoms _____

Pet's current medications _____

Flea and Tick medication? _____

Any known allergies or allergic reactions? _____ If so, what? _____

Describe your pet's diet (i.e. brand of food, dry, canned) _____

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 testing and/or treatment.

Signature of Owner _____ Date _____