



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

REGISTRATION

Owner _____ Date _____

Address _____

City _____ State _____ Zip _____ Primary Ph. _____

Cell Ph. _____ Other Ph. _____ Email _____

Secondary Owner _____ Cell Ph. _____ Other Ph. _____

Emergency Contact Name _____ Ph. _____

How did you learn of our clinic?

Sign Internet Search Social Media Other _____

Recommendation, by whom? _____

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

Would you like to opt in to receive text messages and/or emails from the clinic regarding pet updates, appointment confirmations, and medication refills? **TEXT** **EMAIL** **NEITHER**

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 medication(s) _____

Preventative medication(s)? _____

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 Primary Owner _____ Date _____

Signature of Secondary Owner _____ Date _____

****We do not accept checks or care credit as a form of payment. If this is your only form of payment today, we will need to reschedule your appointment****



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 medication(s) _____

Preventative medication(s)? _____

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 medication(s) _____

Preventative medication(s)? _____

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

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

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Signature of Owner _____ Date _____