

# Welcome to South Whidbey Animal Clinic

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 \_\_\_\_\_

Address \_\_\_\_\_ Mailing \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Drivers License # \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

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

How did you learn of our clinic?  Yellow Pages  Coupon / Flyer  Website  
 Sign  Other \_\_\_\_\_

If recommended, by whom? \_\_\_\_\_

Reason for visit \_\_\_\_\_

## Pet Health History

Number of Pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

Pets Name: \_\_\_\_\_

\_\_\_\_\_  Male Canine  Male Feline Neutered?  Yes  
\_\_\_\_\_  Female Canine  Female Feline Spayed?  No

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth date \_\_\_\_\_

Previous Veterinary History \_\_\_\_\_

Please describe any symptoms or problems that you have noticed about your pet's health.

\_\_\_\_\_  
\_\_\_\_\_

Pet's current medications \_\_\_\_\_

Describe your pet's diet \_\_\_\_\_ Freq. \_\_\_\_\_

## Authorization to Treat

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.

Signature of owner \_\_\_\_\_ Date \_\_\_\_\_

Method of payment  Cash  Check  MasterCard  Visa  Discover

Card # \_\_\_\_\_ exp date \_\_\_\_\_ sec. code \_\_\_\_\_

Ok to Bill: Yes  No