



WELCOME FORM

Owner Information:

First Name: _____ Last Name: _____ Date of Birth _____
Spouse/Significant Other: _____
Home Phone: _____ Cell Phone: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____
Alternate Phone #: _____

Pet Information

Name: _____ Age/Birthday: _____
Canine: _____ Feline: _____ Breed: _____
Color: _____ Weight: _____
Male: _____ Neutered: _____ Female: _____ Spayed: _____

Does your pet have allergies? _____ If yes, explain: _____
Has your pet ever had a reaction to a vaccine or medication? _____ If yes, explain: _____

List any major surgeries your pet has had: _____
List any foods or treats you give your pet: _____
List any diseases or chronic illnesses that your pet has been treated for in the past: _____

Payment is due at the time of service

For your convenience we accept: Cash/Checks/Visa/MasterCard/Discover/American Express/Care Credit as forms of payment.
Our facility is not staffed after office hours. Personnel will not be on site to attend to hospitalized patients.

Some prescriptions and controlled substances are available at the pharmacy. Please speak to the staff if you prefer to obtain a written prescription for your pet.

Signature of owner/agent: _____ Date: _____