



WELCOME

REGISTRATION

Date: _____

Owner: _____ Spouse Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Occupation: _____ Employed By: _____

Drivers License # _____ DOB: _____

How did you hear of our clinic? Yellow Pages Estrella Grooming Drive By

Referral Card/Friend Internet Previous Client Shelter

Animal Urgent Care VMSG Other _____

If personal referral, by whom? _____

PET HEALTH HISTORY

Name of Pet: _____ Dog Cat Other

Breed: _____ Color: _____ DOB: _____

Male Neutered Female Spayed

Vaccinations History: Date: _____ Vacc _____

Where was your pet previously vaccinated? _____

Is your pet allergic to anything? _____

AUTHORIZATION

Emp. Initials: _____

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 understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatments. I also understand that if charges are not paid in full, late fees will be applied.

Signature: _____ Date: _____

Method of Payment: Cash Check M/C Visa Other