

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 _____

Card # _____ exp date _____ sec. code _____

**Card information is kept on file and strictly confidential; this is optional. We will not charge your card without consent.