



Finger Lakes Mobile Veterinary Services

Welcome and thank you for choosing [Finger Lakes Mobile Veterinary Services, Dana Coover, DVM, \(FLMVS\)](#), for the care of your beloved pet! Please provide as detailed and complete information as possible in order to help to provide the best care possible for your pet.

Registration

Name (Last Name, First Name) _____ Date: _____
Address: _____
City, State, Zip: _____
Email Address: _____
Phone: _____ Cell / Home / Work _____ Cell / Home / Work
Spouse/Co-Owner's Name _____ Phone _____
Email Address: _____
Emergency Contact: Name _____ Phone _____
How did you hear about us? _____
Reason for this visit _____

Pet History

Pet's Name _____ Species: _____ Breed _____
Color _____ Date of Birth/Age _____ Sex: Male / Female / Neutered / Spayed
Vaccinations when last given:
Dog: Rabies _____ DA2PP _____ Bordetella _____ Lyme _____ Leptospirosis _____
Cat: Rabies _____ FVRCP _____ Leukemia _____
Diet: _____ Medical history: _____
Current Medications: _____

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Authorization for Treatment/Financial Responsibility

I grant permission for the examination, prescription, and treatment of my pet by the veterinarian and/or staff of **FLVMS**. I accept the financial responsibility for all charges related to the care of my pet and understand that all charges are to be paid prior to the discharge of my pet. If surgical treatment is necessary, I understand that a deposit for treatment may be required prior to the treatment.

Owner's Signature _____ Date _____

Payments accepted : ___ Cash ___ Check ___ Charge ___ PayPal ___ Venmo