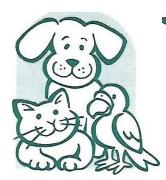
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ACCOUNT	INU.	



## Welcome

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!

	D.	REGISTRAT	TION	di di	d: d:	Di Di	
Owner (Last name first)Address					Date		
E-mail Address							
Home	Work Phone			Cell Phone			
Spouse/ Co-Owner				P	none		
Email Address							
Emergency Contact Name							
How did you learn of our clinic?	Recor Sign	브	osite Ph	one Director			
If recommended, by whom?							
Number of pets: Dogs				Other (s	pecify)		
	D:	PET HEALTH H	ISTORY		Di Di	Di Di	
Name of pet		Dog	Cat	Other			
Breed		<del></del>		te			
Vaccination History (Date and typ							
Please check ( ✓ ) any symptoms   ☐ Behavior Problems ☐ Bleeding Gums ☐ Breathing Problems ☐ Coughing ☐ Diarrhea	Eyes B Gaggir Lack o	sulging or Bloodshot ng f Appetite	Scooting Scratching Seems Dep Shaking he	ressed [ ad [	Thirst/Incre Vomiting Weakness Other	ased urinatior	
Pet's current medications							
Describe your pet's diet							
	D:	AUTHORIZAT	ION		Di: Di:	Di: Di:	
I hereby authorize the veterinaria	n to exami	ne, prescribe for, or treat	the above-desc	cribed pet. I a	ssume respon	sibility for all	
charges incurred in the care of thi	s animal. I	also understand that the	se charges will b	e paid at the	time of releas	se and that a	
deposit may be required for surgi	cal treatme	ent.					
Signature of Owner					Date		