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Morro Bay Veterinary Clinic

(805) 772-4411

385 Quintana Road, Morro Bay, CA 93442

**Registration Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse/Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_ Zip:\_\_\_\_\_\_\_\_\_

Phone Number (Primary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (You will receive reminders for due dates and appointments. We promise not to give out your information to third-parties.)

In case of EMERGENCY, please call\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pet’s Name** |  |  |  |  |
| **Pet’s date of birth** |  |  |  |  |
| **Sex** |  |  |  |  |
| **Breed** |  |  |  |  |
| **Color** |  |  |  |  |

Previous veterinarian(s) where past records can be obtained\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your pet has been treated for any illnesses in the past year, please specify the problem(s), medication, and dosage if known:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear of us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, and treat the above pet(s). I assume responsibility for all charges incurred in the care of these pets, and understand that all charges must be paid at the time of release. I also understand that no warranty or guarantee has been made as to the results or cure of my pets.

**Signature of Owner or Responsible Party\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**