



# 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# \_\_\_\_\_

<b>Pet's Name</b>				
<b>Pet's date of birth</b>				
<b>Sex</b>				
<b>Breed</b>				
<b>Color</b>				

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** \_\_\_\_\_