

Client Number: _____
Patient Number: _____

Manorville Pet Vet ADDITIONAL PET REGISTRATION

Thank you for giving us the opportunity to care for your pet. So that we may better serve you, please complete the following information:

Owner: Mr., Mrs., Ms., Miss., Dr. _____ Date _____

Are the address and phone numbers the same as previously listed? Yes No

If no, please state the new information:

Address _____ City _____ State _____ Zip _____

Phone _____

(Home) _____ (Work) _____ (Pager/cell) _____

Email Address: _____

Pet's name _____ Date of birth _____ Male Female

Dog Cat Breed _____ Color _____

If a dog, is your pet licensed with the state? Yes No Spayed/Neutered? Yes No

Most recent vaccine history (Type of vaccine & date) _____

Place where last vaccinated _____

Reason for visit _____

Please mention any previous problems your pet has had (surgeries, illnesses, allergies, etc.) _____

Current medication pet is taking _____

Is your pet taking heartworm preventative? _____ If so, what kind? _____

Drug allergies? _____

Diet (brand and quantity) _____ Treats _____

To keep the cost of professional services at a minimum, **all fees must be paid in full at the time of services.** A deposit is required on all pets that must be hospitalized for laboratory tests or treatments. **Billing or credit *may* be available through our office if arranged with the office manager for clients in good standing under extreme circumstances. Credit is not available for first time clients.** We also now offer Care Credit to help cover your pets needs which has a 6 month repayment plan.

I hereby authorize the veterinarian to examine, prescribe for, and treat the above-described pet. I assume responsibility for all charges incurred in the care of this pet.

Signature of owner _____ Date _____ Staff Initials _____