



Welcome Form

Owner _____ Spouse/Partner _____

Address _____ City _____ Zip _____

Primary Phone _____ Is this a: cell or home or work (**circle one**)

Secondary Phone _____ Is this a: cell or home or work (**circle one**)

Email _____

(We email monthly newsletters. Please check here if you do NOT want them: ____)

Pet's Name _____ Date of Birth _____

Breed _____ Color/Markings _____

Sex _____ Is your pet: spayed or neutered? (**circle one**)

Reason for visit _____

Previous veterinarian _____

Tell us about your other pets at home:

How did you hear about us? (Check all that apply.)

We aren't trying to be nosy here. We just want to thank the folks that referred you to us.

- Friend/Family: _____ Phonebook Search Engine
 Rescue/Shelter: _____ Our website Our Facebook Page
 Pet Store: _____ Other: _____

- I agree to pay all fees and charges at the end of each office visit. I agree to pay the fees when my pet is released from the hospital and/or at the time of service.
 If my pet is being admitted for hospitalization or boarding, I authorize the use of anesthesia if necessary and the treatment of any medical or surgical problem which may arise.
 From time to time we like to take pictures of our clients and their pets for use on our website and social media purposes. I agree to allow our picture(s) to be used online.

Owner or Responsible Party _____

(Date)