

**ANIMAL MEDICAL & SURGICAL CENTER**

*Welcome! We appreciate the opportunity to serve you and your pets*

DATE \_\_\_\_\_ REASON FOR TODAY'S VISIT \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ SPOUSE/OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street/P.O. Box City State Zip

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

*In case of emergency, contact* \_\_\_\_\_ *at* \_\_\_\_\_



1. PET'S NAME \_\_\_\_\_ Birth date \_\_\_\_\_ BREED \_\_\_\_\_

Dog  Cat  Bird  Other \_\_\_\_\_ COLOR \_\_\_\_\_

Male  Female  Neutered Male  Spayed Female

2. PET'S NAME \_\_\_\_\_ Birth date \_\_\_\_\_ BREED \_\_\_\_\_

Dog  Cat  Bird  Other \_\_\_\_\_ COLOR \_\_\_\_\_

Male  Female  Neutered Male  Spayed Female

**DO YOU HAVE MORE THAN 2 PETS? PLEASE LIST ON BACK**

Previous veterinarian (if none, please indicate N/A) \_\_\_\_\_

Type of heartworm prevention \_\_\_\_\_ Type of flea control \_\_\_\_\_

Allergies \_\_\_\_\_

Any illnesses in the past year  no  yes, please specify \_\_\_\_\_

How did you FIRST hear of Animal Medical & Surgical Center? \_\_\_\_\_

If you were referred, please let us know whom we may thank \_\_\_\_\_

*As the owner or agent for the owner, I assume full responsibility of all charges incurred for the care of my animals. I also understand that all charges will be paid at the time of release and that a deposit may be required for surgical treatment.*

OWNER / OWNER'S AGENT SIGNATURE \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

PLEASE LIST OTHER FAMILY MEMBERS OR INDIVIDUALS WHO MAY PICK UP YOUR PET (S).  
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