



Welcome

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank You!

Registration

Guardian Name _____ Spouse(Other) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Email _____

At What Time _____ At What Number _____ is it best to reach you?

In Case of EMERGENCY, please call _____

How did you hear about us? _____

If you heard about us from friends, please tell us their name so we can thank them.

Pet Health History

Pet's Name _____ Date of Birth _____

Type of Animal _____ Breed _____

Sex (circle one) Male Neutered Male Female Spayed Female

Color _____

Vaccination History (Date Last Given and Type of Vaccine) _____

Current Medications (Please include supplements) _____

Describe your pet's diet (Amount, Type of Food, How Often Fed) _____

Authorization

I hereby authorize the veterinarians and staff of Deerfield Veterinary Clinic, Inc to examine, prescribe for, or treat my pets. I assume responsibility for all charges incurred in the care of my animals. I understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatments.

Signature of Owner/Agent _____