

REGISTRATION

Owner \_\_\_\_\_ Phone# \_\_\_\_\_

Cell# \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_ Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SS# \_\_\_\_\_ OR Driver's License# \_\_\_\_\_

Employer \_\_\_\_\_ Work# \_\_\_\_\_

If recommended, by whom? \_\_\_\_\_

PET HEALTH HISTORY

Pet Name \_\_\_\_\_ Male/Female \_\_\_\_\_ Neutered/Spayed \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth Date \_\_\_\_\_

Is your pet microchipped? No/Yes # \_\_\_\_\_

Is your pet currently taking any medications or on a prescription diet? Yes/ No

Is so, name and dosage: \_\_\_\_\_ How often \_\_\_\_\_

Previous Veterinarian \_\_\_\_\_

Vaccine records are at (name of clinic) \_\_\_\_\_

Comments about pets personality \_\_\_\_\_

Thank you for choosing Optimum Pet Health and Wellness Center for the care of your pet(s). Please let us know what we can do to serve you in a manner that exceeds your expectations. All services are provide with the understanding that payment will be made when the animal is discharged. We accept cash, check, debit cards, Visa, Mastercard, and Discover cards. There will be a \$35.00 returned check fee. All unpaid accounts are subject to all court, collection and legal fees incurred during collection. Please sign below to acknowledge that your have read this policy.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges must be paid for at the time of release and that a deposit my be required for treatment.

Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment CASH CHECK VISA/MC DISCOVER