

WELCOME TO THE VILLAGE SQUARE VETERINARY CLINIC

THANK YOU FOR GIVING US THE OPPORTUNITY TO CARE FOR YOUR PET(S). TO HELP ENSURE THE BEST CARE POSSIBLE, PLEASE TAKE A MOMENT TO FILL IN THIS FORM **COMPLETELY**. THANK YOU.

REGISTRATION OWNER INFORMATION

LAST NAME _____ FIRST NAME _____

NAME OF SPOUSE OR CO-OWNER _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____

IS THIS A SEASONAL ADDRESS? YES NO

HOME PHONE _____ WORK PHONE _____

CELL OR OTHER _____ FAX _____

EMPLOYER _____

DRIVER'S LICENSE NUMBER (FOR BILLING PURPOSES) _____

E-MAIL ADDRESS _____

HOW WOULD YOU PREFER TO RECEIVE YOUR PET'S REMINDERS? MAIL – E-MAIL – TEXT MSG.

HOW DID YOU LEARN ABOUT OUR CLINIC? (PLEASE NAME SOURCE)

NEWSLETTER AD _____

FRIEND OR FAMILY MEMBER _____

OTHER _____

PLEASE NOTE THAT PAYMENT IS EXPECTED AS SERVICES ARE RENDERED. IF IN THE FUTURE YOU HAVE ANY QUESTIONS REGARDING OUR POLICIES, APPEARANCE, CLEANLINESS, ETC., PLEASE FEEL FREE TO SPEAK WITH TONNYA SO THAT WE MAY ADDRESS THOSE ISSUES ADEQUATELY.

SIGNATURE _____ DATE _____

PLEASE PROVIDE PET INFORMATION ON BACK OF PAGE. THANK YOU.

OWNER'S LAST NAME _____

PET INFORMATION

***** FOR THE SAFETY OF OUR STAFF AND DOCTOR(S), IS YOUR PET LIKELY TO BITE?** YES NO

NAME _____ SPECIES (PLEASE CIRCLE ONE): CAT – DOG

BREED _____ COLOR _____

APPROXIMATE AGE _____ APPROXIMATE DATE OF BIRTH _____

SEX (PLEASE CIRCLE ONE): MALE – NEUTERED MALE – FEMALE – SPAYED FEMALE

IS THIS PET ON HEARTWORM PREVENTION? YES NO

IF SO, WHAT TYPE AND HOW OFTEN IS IT GIVEN? _____

IS THIS PET ON FLEA AND OR TICK PREVENTION? YES NO

IF SO, WHAT TYPE AND HOW OFTEN IS IT APPLIED? _____

WHAT TYPE OF FOOD DO YOU FEED YOUR PET? _____

HOW MUCH AND HOW OFTEN IS HE/SHE FED? _____

IS YOUR PET ON ANY MEDICATIONS OR SUPPLEMENTS? _____

DOES YOUR PET REQUIRE SPECIAL HANDLING? YES NO (PLEASE EXPLAIN BELOW)

IMPORTANT!

DOES THIS PET HAVE ANY HISTORY OF ALLERGIES, ALLERGIC REACTIONS, SENSITIVITIES, OR ANY OTHER SIGNIFICANT MEDICAL EVENTS? IS SO, PLEASE EXPLAIN BELOW.
