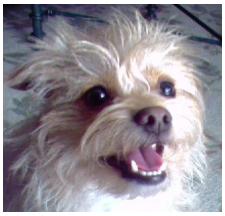
WELCOME



We are pleased to welcome you and your pet(s) to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions we will be glad to help you. We look forward to working with you in maintaining your pet's health.

REGISTRATION

Are you new to our clinic? ☐ **Yes** ☐ **No** ***If no, is your pet new to us?*** ☐ **Yes** ☐ **No**

Date _____ **Home Phone #** _____

Owner _____ Co-Owner _____

Address _____

City _____ State _____ Zip _____

Email address: _____ Owner's Birth Date _____

SS# _____ Spouse/Co-Owner SS# _____

Drivers License # _____ **(required for checks) Spouse/Co-Owner DL#** _____

Work Phone _____ Cell Phone _____ Alt Cell _____

Employer _____ Occupation _____
Spouse/Co-Owner Employer _____ Occupation _____

How did you learn of our clinic? ☐ Yellow Pages ☐ Sign ☐ Website ☐ Internet ☐ Recommendation ☐ Other _____
If recommended, by whom? _____

PET HEALTH HISTORY

☐ **Male** ☐ **Neutered** ☐ **Female** ☐ **Spayed**

Name of Pet _____ ☐ **Dog** ☐ **Cat** ☐ Other _____

Breed _____ **Color** _____ **Birthdate** _____

Vaccination History (Date & Type of last vaccinations) _____

Please check (√) any symptoms or problems that you have noticed about your pet.

□ Behavior Problems	□ Lack of Appetite	□ Sneezing	□ Bleeding Gums	□ Limping
□ Breathing Problems	□ Loss of Balance	□ Vomiting	□ Coughing	□ Scooting
□ Weakness	□ Diarrhea	□ Scratching	□ Gagging	□ Shaking Head
□ Eye Problems	□ Seems Depressed	□ Increased Thirst and/or Urination		

Pet's Current Medications _____
Describe your pet's diet _____

AUTHORIZATION

I hereby authorize the veterinarian(s) to examine, prescribe for, and/or treat the above described pet(s); I assume responsibility for all charges incurred in the care of this animal. I also understand that the fees will be paid at the time services are rendered and that a 75% deposit is required prior to any treatment. I understand that a 1.5% per month (18%APR), will be charged on all unpaid balances after 30 days and a billing charge of $1.50 per month. I have received a copy of the office policies, and understand the cancellation policy, its fee and the payment policy.

Signature of Owner (Representative) X _____

I authorize Evers Veterinary Clinic to post pictures of my pet on their veterinary website(s) Yes □ No □

Method of Payment Accepted: Cash, Check (DL# required) □ Credit Card (Visa & MasterCard) □ Debit/Check Card □