



Welcome to Vale Park Animal Hospital

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you may 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

Owner _____ SS# or Driver's License # (for check writing privileges) _____
Home Phone _____ Cell Phone _____ / _____ Work Phone _____
E-Mail (for specials, reminder's & newsletters) _____ / _____
Address _____ City _____ State _____ Zip _____
Co-Owner _____ SS# or Driver's License # (for check writing privileges) _____
Home Phone _____ Cell Phone _____ / _____ Work Phone _____
Address _____ City _____ State _____ Zip _____
Emergency Contact Name _____ Phone _____
How did you learn of our clinic? _____ If recommended by whom? _____
Number of pet's: Dogs _____ Cats _____ Other (specify) _____
Reason for today's visit _____

Pet Health History

Pet's Name _____ Breed _____ Color _____
Birth date _____ Sex _____ Neutered/Spayed _____
Vaccine History (Date & type of vaccines) _____
Please specify any symptoms or problems that you have noticed regarding your pet _____

Pet's current medications _____ Pet's current Diet _____
Do you currently give your pet monthly heartworm prevention? _____ What product? _____

Authorization

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 will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner _____ Date _____