

# **REGISTRATION FORM**

(Please Print)

Owner's Name: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Referred by: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Dog  Cat  Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Male  Female  Spayed/Neutered

Number of pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other(specify) \_\_\_\_\_

Reason for visit: \_\_\_\_\_

List any medical conditions: \_\_\_\_\_

Date of last Rabies vaccination: \_\_\_\_\_

Name of regular veterinarian: \_\_\_\_\_

Pet's current medications and supplements: \_\_\_\_\_

Describe your pet's diet: \_\_\_\_\_

Authorization:

I hereby authorize to have my pet examined and treated with alternative therapies including acupuncture, chiropractic, and non-anesthetic dental cleanings. I assume all responsibility for charges incurred in the care of this animal. I also understand that payment is due at the time of treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_