



Welcome



Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely. Thank you!

REGISTRATION

Date _____

Owner _____ Driver's License # _____

Address _____ Cell Phone _____

_____ E-mail _____

Spouse _____ Driver's License # _____

Home Phone _____ Work Phone _____ Spouse Work Phone _____

Emergency Contact Name _____ Phone _____

How did you learn of our clinic? Yellow Pages Recommendation (by whom?) _____

Sign/Location Facebook Google Other _____

Number of pets: Dogs _____ Cats _____ Other (Specify) _____

Which Social media platforms do you use? (Check any that apply) Facebook Twitter Pinterest Instagram Google Plus

Preferred method of contact: Phone Text Message Email

How would you prefer to receive exam & vaccine reminders? Postcard Email Text Message Phone Call

PET HEALTH HISTORY

Name of pet _____ Dog Cat Other _____

Breed _____ Color _____ Birthdate _____

Male Neutered Female Spayed

Does your pet have a microchip? Yes Chip No. _____ No

Vaccination History (Date and type of last vaccinations) _____

Pet's current medications _____

Allergies _____

Describe your pet's diet _____

Describe known medical issues _____

AUTHORIZATION

1) Photo Consent: We love social media! Do we have your permission to share your pet(s)' image and story on social media, our website & other forms of related media? Your name and personal information will never be shared. Simply check below to authorize this:

____ Yes. I authorize AMC to share my pet's photo & story. _____ No. I do not authorize this.

2) Treatment Consent: I hereby authorize the veterinarian to examine, prescribe for, or treat above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that payment is always due IN FULL at the time of service. I recognize that financial concerns should be discussed PRIOR to exam and treatment. The AMC staff is happy to provide estimates. Deposit may be required.

Signature of Owner _____ Date _____