



Welcome

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!

REGISTRATION

Owner: _____ Date: _____

Address: _____ Home phone: _____

Owner's Birthday _____ Cell phone: _____

Work #: _____ Fax #: _____ Cell phone #2: _____

Email: _____

How did you learn about our clinic? Sign Outside Yellow Pages Facebook Recommendation
 Website News Paper Other: _____

If recommended, by whom? _____

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

Reason for Visit: _____

PET HEALTH HISTORY

Name of Pet: _____ Dog Cat

Breed: _____ Color: _____ Birthdate: _____

Undetermined Male Neutered Female Spayed

My Pet is: 100% Indoors Outdoors Indoors & Outdoors

Pet Activities: Dog Park Walks Boarding Kennels Hikes Groomers

Microchip number (if present) _____

Current meds/fleas control _____

Present diet: _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I understand that as with any medicine, vaccines can have rare but serious side effects. The Tarzana Pet Clinic recommends fully protecting your pet based on his/her lifestyle. I also understand that payment is required for professional services when they are rendered. **Any stay at the clinic requires a deposit and current vaccines for all pets.** I further understand that medical staff is not on duty 24 hours a day.

Signature of Owner: _____ Date: _____