



# 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: \_\_\_\_\_