



## WELCOME TO MAIN STREET ANIMAL CLINIC!

We value your confidence in us and look forward to serving the healthcare needs of your pet!

### REGISTRATION

Pet Owner's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip, County: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Number of pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

Name of pet: \_\_\_\_\_ Dog  Cat

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Date of birth/Age: \_\_\_\_\_ Male  Male/Neutered  Female  Female/Spayed

Date of last known vaccination: \_\_\_\_\_ Type of vaccination: \_\_\_\_\_

Name of pet: \_\_\_\_\_ Dog  Cat  Other  \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male  Male/Neutered  Female  Female/Spayed

Date of last known vaccination: \_\_\_\_\_ Type of vaccination: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

How did you hear about our clinic? \_\_\_\_\_

Reason for your visit today: \_\_\_\_\_

### AUTHORIZATION

I HEREBY AUTHORIZE the veterinarians and staff of Main Street Animal Clinic to examine, prescribe for, and/or treat the above-described pet. I assume responsibility for all charges incurred in the care and treatment of this pet. I also understand these charges will be PAID IN FULL at the time of discharge and that a deposit may be required.

Method of Payment:  Cash  Check  MasterCard  Visa  Discover

Signature of Pet Owner: \_\_\_\_\_

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

*Have a Great Day!*