

Welcome to Proctorville Animal Clinic!

*We appreciate the opportunity to care for your pet.
To ensure your pet receives the best care we can offer, please fill out this form completely.*

In order to register a patient with us, you must be at least 18 years old and provide a photo I.D.

Client Information:

Owner's Name: _____ Spouse/Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell /Alternate: (_____) _____

Email Address: _____

Preferred Method of Contact for Appointment Reminders: Phone Call Text Message E-mail

Employer: _____ Work Phone: (_____) _____

Emergency Contact: _____ Phone: (_____) _____

Were you referred? Yes No If yes, by whom: _____

The following information is **REQUIRED** and is **STRICTLY CONFIDENTIAL**:

Social Security No. _____/_____/_____ Driver's License No. _____

Pet Information:

Pet's Name	Species	Breed	Fur Color/ Pattern	Age or Date of Birth	Gender	Neutered/ Spayed
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Current medications your pet is taking: _____

Previous Veterinarian(s) where records may be obtained: _____

Previous Veterinarian(s) phone number: (_____) _____

Primary Reason for Today's Visit: _____

*** Authorization: ***

We will gladly prepare a written estimate if you desire. Please ask the veterinary technician or doctor taking care of your pet.

By signing below, I hereby authorize the veterinarian to examine, diagnose, treat, or prescribe for the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. For your convenience, we accept cash, check, Visa, MasterCard, Discover, American Express and Care Credit. There will be a \$35.00 service charge for any returned check.

Signature of Responsible Party: _____

Date: _____/_____/_____

The information on this form is strictly confidential and is to be used only by this practice to provide care and treatment for your pet.