



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

Required Information - Thank You

Owner Name:	_____	Date:	_____
Street Address:	_____	Employer:	_____
City/State/Zip:	_____	Address:	_____
Email:	_____	City/State/Zip:	_____
Mobile Phone:	_____	Work Phone:	_____

Emergency Contact Name and Phone: _____

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

Reason for Visit: _____

I authorize South Mountain Pet Care to post images of my pets on their social media _____ (initials)

PET HEALTH HISTORY

Name of Pet: _____ Dog Cat Other: _____

Breed: _____ **Color:** _____ **Birthdate:** _____

Male Neutered Female Spayed

Vaccination History (date and location and type of last vaccinations, provide documentation if possible.):

****For a Missed Appointment, Your Account will be Assessed \$25.00**/ I agree to pay _____ (initials)**

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 also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner: _____ **Date:** _____