

OSBORNE ANIMAL CLINIC REGISTRATION

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following.

Date _____
Owner's Name _____
Address _____ City _____ St. _____ Zip _____
Home Phone _____ Cell _____ E-Mail _____
Employer _____ Work# _____
Spouse Name _____ Spouse Employer _____ Wk# _____
At what time _____ and at what number _____ is best to call about your pet?
In case of emergency, please call _____ at telephone number _____.
Drivers License # _____ Social Security # _____
Please indicate choice of payment: Cash/Check _____ Visa/MasterCard _____ Your DOB _____

**** ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED ****

I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN 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. SHOULD THIS ACCOUNT BECOME DELINQUENT AND REQUIRE SERVICES OF A COLLECTION AGENCY OR AN ATTORNEY, THE UNDERSIGNED PARTY(S) WILL PAY ALL COST OF COLLECTION INCLUDING COLLECTION FEES, ATTORNEY FEES AND ALL COURT COSTS FOR SAID COLLECTIONS.

OWNER OR RESPONSIBLE PARTY _____
(PLEASE SIGN HERE)

--PET INFORMATION--

Pet's Name _____ Approx. Date of Birth _____
Dog ___ Cat ___ Other ___ Sex: Male: Neutered ___ Unneutered ___ Female: Spayed ___ Unspayed ___
Breed: _____ Color: _____
Previous veterinarian (s) where past records could be obtained if necessary _____
Any previous serious illness or surgeries? _____
Any allergies to vaccines or medications? _____
Is your pet on any special diets or medications? _____
Our pet is: Member of our family ___ Child's Pet ___ Backyard Pef ___ Working Dog ___ Breeding/Show Dog ___
What brand of food do you feed your pet at home? _____
How much time does your pet spend outside? 100% ___ 75% ___ 50% ___ 25% ___ 0% ___ (strictly indoors)
How did you become aware of our clinic? Drove by ___ Yellow Pages ___ Previous Client ___
Personal recommendation (Whom may we thank?) _____
Date of last Vaccines & Tests:

CAT
Rabies _____
Distemper _____
Leukemia Test _____
Leukemia Vaccine _____
Worm Test _____
Dental _____

DOG
Rabies _____
Distemper/Parvo _____
Kennel Cough _____
Heartworm Check _____ Preventative _____
Worm Test _____
Dental _____