

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 Pet _____ 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 _____