



WAPIO PET CLINIC



Registration Form

Thank you for choosing our pet clinic. We pride ourselves in offering compassionate care for your pet and we are looking forward to caring for your pet's needs for many years to come. To ensure the best care possible, please take the time to fill in this form completely. Thank you!

Date: _____

Owner: _____

Address: _____ City: _____ Zip code: _____

Email Address: _____

Employer: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Spouse: _____ Spouse Work Ph: _____

Emergency Contact: _____ Phone: _____

How did you learn of our clinic? Yellow Pages Sign Internet
 Recommendation _____ Other _____

Pet Health History

Name of Pet: _____ Dog Cat Other _____
 Male Neutered Female Spayed

Breed: _____ Color: _____

Birthdate: _____ Microchip: Yes # _____ No

Payment Policy

Full payment is required at the time of service. We accept cash, check, Visa, Mastercard, and Discover credit cards. Deposits are required on medical, trauma, surgical and emergency cases where hospitalization is necessary. There is a charge for missed appointments that have not been cancelled with 24 hour advance notice.

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility of 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 for surgical treatment.

Signature of Owner: _____

Date: _____

For Office Use Only:
Account ID #