



Dog, Cat & Bird Clinic OF NUTLEY

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

REGISTRATION

Date _____

Owner(S) _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

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

If recommended, by whom? _____

Number of pets: Dogs _____ Cats _____ Other (specify) _____

Reason for visit _____

PET HEALTH HISTORY

Name of pet _____ Birthdate _____

Dog Cat Bird Other _____

Breed _____ Color _____ Sex _____

Vaccination History (Date & type of last vaccinations or previous vaccinations) Records Submitted Records Not Available

Previous Veterinarian _____

Pet's current medications _____

What food are you currently feeding you pet? _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. **Please note that there is a fee on all returned checks.**

Signature of Owner _____

Method of Payment Cash Check MC/Visa Discover