

# WELCOME

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

## Registration

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Owner(s) Last Name:

First:

Address:

Apt #:

City:

State:

Zip Code:

Cell: (     )

Alternate Number: (     )

Email Address:

How did you learn about us?

If recommended, by whom?

## Pet Health History

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Name of Pet:

Species:

Breed:

Color(s):

Date of Birth:

Age:

Sex (Circle One):    Male

Neutered Male

Female

Spayed Female

Reason for visit:

Microchip:

Are your pets' vaccines currently up to date?    YES    NO            Do you have proof of vaccination?    YES    NO

Does your pet have any previous problems? (I.e. surgeries, vaccine or medication reactions)

## Authorization

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I hereby authorize Katella Animal Clinic to render surgical and medical care for my pet(s). I understand that payment is REQUIRED IN FULL AT THE TIME OF SERVICE, and that a deposit most likely will be required. I am aware that Katella Animal Clinic does not have payment plans or the ability to bill for services. We require all pets to be free of ticks/fleas and to have a maintained coat during any stay; in the event your pet should need any such services we will make every effort to contact you before any services are preformed.

Authorized Signature \_\_\_\_\_

Date: