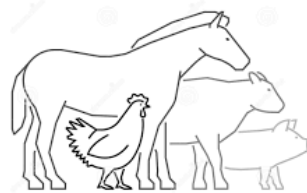


Welcome

To

Big Thicket Vet



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. **Please print clearly.**

Registration

Name: _____ Spouse: _____ Acct#: _____
Last First

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Drivers License: _____ Date of Birth: _____

Social Security Number: _____

Place of Employment: _____ Phone: _____

Relative/Friend(not living with you): _____

Relative/Friend Address: _____

Relative/Friend Phone: _____

E-mail Address: _____

Did someone refer you to this clinic? Yes or No If so who referred you: _____

Pet Health History

Pet Name	Cat	Dog	Other	Color	Breed	Date of Birth	Male or Female	Neutered/Spayed	Date of Last Vaccines	Micro chip

Authorization

I will gladly Prepare a written estimate if you desire. Please ask our doctor or receptionist.

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. A deposit may be required for expensive or emergency procedures. We accept cash, checks, Visa, Mastercard, Discover, and American Express. There may be a \$30.80 service charge for returned checks.

Your signature below will authorize the release of medical records to animal hospitals requesting information on your pet(s). To prevent the spread of infectious diseases, all hospitalized and boarding patients must be current on all vaccines and free of internal and external parasites. The signature below authorizes the doctor to provide these vaccines and/ or parasite control. I am the owner/agent of the animal(s) listed above and will be responsible for payment of services rendered.

Signature: _____ Date: _____