



*Southmarch  
Veterinary  
Hospital*  
970-622-8381

# WELCOME

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 ensure the best care possible, please take the time to fill in this form completely. Thank you!

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## Registration

Today's Date: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

County: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you learn of our clinic: \_\_\_\_\_

## Pet Health History

Name of Pet: \_\_\_\_\_

Species (Circle One):     Dog     Cat     Other (Specify): \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Microchip (Circle one):    Yes    No    Unknown

Sex (Circle One):     Male Neutered     Male     Female Spayed     Female

Vaccination History: \_\_\_\_\_

Previous Vet's Office: \_\_\_\_\_

Pet's Current Medication: \_\_\_\_\_

Pet's Diet: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Changes/Concerns you have for your pet: \_\_\_\_\_

## Authorization

I hereby authorize the veterinary to examine, prescribe for, or treat the above-described pet. 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 for surgical treatment.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Payment (Circle One):     Cash     Check     Credit Card