



# WELCOME

## COUNTRY WALK ANIMAL HOSPITAL REGISTRATION FORM

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 as thoroughly as possible. Thank you!

### OWNER INFORMATION

OWNER NAME \_\_\_\_\_ DATE \_\_\_\_\_

EMAIL FOR PET PORTAL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

### PET INFORMATION (Please provide us with any vaccine records.)

(1) PET NAME \_\_\_\_\_  CAT  DOG  OTHER \_\_\_\_\_

BREED \_\_\_\_\_ COLOR \_\_\_\_\_ BIRTHDATE (or) AGE \_\_\_\_\_

MALE  NEUTERED  FEMALE  SPAYED  INDOOR  OUTDOOR

IS YOUR PET MICROCHIPPED? \_\_\_\_\_ IS IT REGISTERED? \_\_\_\_\_

ALLERGIES? \_\_\_\_\_ CURRENT MEDICATIONS \_\_\_\_\_

(2) PET NAME \_\_\_\_\_  CAT  DOG  OTHER \_\_\_\_\_

BREED \_\_\_\_\_ COLOR \_\_\_\_\_ BIRTHDATE (or) AGE \_\_\_\_\_

MALE  NEUTERED  FEMALE  SPAYED  INDOOR  OUTDOOR

IS YOUR PET MICROCHIPPED? \_\_\_\_\_ IS IT REGISTERED? \_\_\_\_\_

ALLERGIES? \_\_\_\_\_ CURRENT MEDICATIONS \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet(s). 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 \_\_\_\_\_

**ATTENTION!** \_\_\_\_\_ (Initial) I have been advised to record the following information:

In case of an EMERGENCY after hours we recommend:

The Pet Emergency Room (305)666-4142 Located @ 6394 South Dixie Highway Miami, FL 33143

CHECK OUT OUR WEBSITE: [www.countrywalkvet.com](http://www.countrywalkvet.com) & JOIN US ON FACEBOOK!