

El Dorado Hills Pet Clinic
Registration Form

Today's Date _____

Owner's Name _____

Spouse/Other _____

Address _____

State _____ Zip _____

Home # _____ Cell # _____ Work# _____

How did you learn of our clinic? _____

Pets Name _____ M/F, ALTERED Y/N, DOB _____ Breed _____

Pets Name _____ M/F, ALTERED Y/N, DOB _____ Breed _____

Pets Name _____ M/F, ALTERED Y/N, DOB _____ Breed _____

Pets Name _____ M/F, ALTERED Y/N, DOB _____ Breed _____

Previous Veterinarian _____

By signing this form I assume responsibility for all charges incurred in the care of my animals. I also understand that these charges will be paid at the time of release and that a deposit might be required.

Signature of
Owner _____ Date _____