



Owner & Pet Registration Form

Payment Policy: full payment is required at the time of your visit. We accept cash, VISA, Mastercard, Discover, American Express, personal checks with Driver's License, and CareCredit.

RESPONSIBLE PARTY INFORMATION:

Name: _____ Phone No: _____
Alternate Name: _____ Alt. Phone No: _____
Address: _____ City: _____ Zip: _____
Email Address: _____ Driver's License No. _____
Emergency Phone Numbers: _____ How did you hear about our clinic? _____

PATIENT(S) INFORMATION:

1st Pet

Name of Pet: _____ Species: _____ Breed: _____ Color: _____
Date of Birth (if known): _____ Age: _____ Sex: _____ Spayed or Neutered: _____
Date of last vaccination _____ Does your pet have a microchip? _____ How long have you owned this pet? _____
Are there any special problems or past history we should know about? _____
Is your pet on heartworm prevention? _____ Are there any medications that are routinely used? _____

2nd Pet

Name of Pet: _____ Species: _____ Breed: _____ Color: _____
Date of Birth (if known): _____ Age: _____ Sex: _____ Spayed or Neutered: _____
Date of last vaccination _____ Does your pet have a microchip? _____ How long have you owned this pet? _____
Are there any special problems or past history we should know about? _____
Is your pet on heartworm prevention? _____ Are there any medications that are routinely used? _____

The undersigned agrees, whether he or she signs as agent or owner, that in consideration of the services to be rendered to the patient, he/she hereby individually obligates himself or herself to pay for the account of the hospital in full at the time services are rendered.

Signature of Owner or Agent Date

Model Release :

I give permission to Tracy Animal Hospital and its associates to photograph my pet(s) _____ and to use the photo(s) on its website, social media sites, and elsewhere for advertising, and any other lawful purposes.

Signature of Owner or Agent Date