

Rocky Creek Veterinary Hospital thanks 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.

Registration Information

First Name _____ Last Name _____
 Address _____ State _____ Zip _____
 City _____ Cell Phone _____
 Home Phone _____ Work Phone _____
 Place of Work _____ E-mail _____
 Spouse _____ Spouse's Cell _____

Pet Information

Pet Name	Species	Breed	Color	Birth Date	Sex	Spayed/ Neutered
1.	Dog/Cat				M/F	
2.	Dog/Cat				M/F	
3.	Dog/Cat				M/F	
4.	Dog/Cat				M/F	

Was your pet vaccinated at a roadside clinic? Yes / No
 Are all your pets on Heartworm Preventive? Yes / No
 Are all your pets on monthly Flea Preventive? Yes / No
 Is your pet current on vaccinations? Yes/No
 May we contact your previous vet for records? Yes/No
 When was your pet's last blood panel? _____
 What do you currently feed your pet? _____
 Whom may we thank for your referral? _____
 How did you hear about us? _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet(s). I assume responsibility for all charges incurred during care of my pet(s). I understand that these charges will be paid in full at the time of discharge, and that a deposit may be required for surgical or other extensive treatment. I understand that 24-hour treatment may not be available at this location.

Signature of Owner: _____

Date: _____