

FIREHOUSE VETERINARY CLINIC



PET REGISTRATION AND HISTORY

Owner's Name _____ Spouse/Co-Owner _____

E-Mail Address _____ Mailing Address _____

Residence _____ City _____ State _____ Zip _____

Home Telephone _____ Alt Telephone _____

Employer's Name & Address _____

Spouse/Co-Owner's Employer & Address _____

In case of EMERGERNCY, please call _____ at telephone number _____

Pet's Name _____ Approx. Date of Birth _____

_____ Dog _____ Cat _____ Other _____ Sex: _____ Male _____ Neutered _____ Un-neutered

Breed _____ Female _____ Spayed _____ Un-Spayed

Color _____ Microchip Number _____ Pet Insurance: _____ yes _____ no

Reason for Visit _____

Previous Veterinarian(s) where past records could be obtained if necessary _____

Has your pet been treated for any illness in the past year? _____ yes _____ no

Specify problem(s), medication and dosage, if known _____

List the names and types of any other animals that you own: _____

How did you first hear of us? _____ Sign/Drive by _____ Advertisement _____ Newspaper _____ Other _____

Is there a Referral/Individual we may thank? _____

I assume responsibility for all charges incurred. I understand that a deposit may be required prior to treatment and all charges will be paid in full at the time of release. I will pay all fees if the bank returns any of my checks or if I default in payment. I agree to reimburse the FVC the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs, and expenses, including reasonable attorneys' fees incurred in such collection efforts.

Owner or Responsible Party _____ Date _____

Driver's License Number _____ State _____ (Required for check payment)

Social Security Number (Or Date of Birth) _____ (Required for check payment)

We accept Cash, Check, Visa, MasterCard, Discover, Amex, Apple & Google Pay
(No out-of-state checks or licenses accepted)