**PATIENT REGISTRATION**

***Please read thoroughly and fill out all shaded areas***

|  |  |
| --- | --- |
| **Legal Affirmation** | **Pet Owner Signature*****(Type Electronic; Print Out & Sign for Written)*** |
| **Rabies vaccination is required by law for all dogs and cats over 4 months of age. For all pets listed, I can provide proof of current rabies vaccine (if of required age), or these pets will be getting vaccinated for rabies at their first appointment.** |  |
|  |
| **PET 1** |
|  |
| **Pet’s Name:** |  | **Owner Last Name:** |  |
|  |
| **Species (X):** |  | **Dog** |  |  | **Cat** |  |  | **Other (Specify):** |  |
|  |
| **Breed** |  | **Mix? (X)** |  |  | **Birthdate (approx. OK):** |  |
|  |
| **Color(s) and Markings:** |  |
|  |
| **Gender/Status:** |  | **Male (Intact)** |  |  | **Neutered Male** |  |  | **Female (Intact)** |  |  | **Spayed Female** |
|  |
| **Microchipped?** |  | **Yes** |  |  | **No** | **Number, if known:** |  |
|  |
| **PET 2** |
|  |
| **Pet’s Name:** |  | **Owner Last Name:** | **Same as above.** |
|  |
| **Species (X):** |  | **Dog** |  |  | **Cat** |  |  | **Other (Specify):** |  |
|  |
| **Breed** |  | **Mix? (X)** |  |  | **Birthdate (approx. OK):** |  |
|  |
| **Color(s) and Markings:** |  |
|  |
| **Gender/Status:** |  | **Male (Intact)** |  |  | **Neutered Male** |  |  | **Female (Intact)** |  |  | **Spayed Female** |
|  |
| **Microchipped?** |  | **Yes** |  |  | **No** | **Number, if known:** |  |
|  |
| **PET 3** |
|  |
| **Pet’s Name:** |  | **Owner Last Name:** | **Same as above.** |
|  |
| **Species (X):** |  | **Dog** |  |  | **Cat** |  |  | **Other (Specify):** |  |
|  |
| **Breed** |  | **Mix? (X)** |  |  | **Birthdate (approx. OK):** |  |
|  |
| **Color(s) and Markings:** |  |
|  |
| **Gender/Status:** |  | **Male (Intact)** |  |  | **Neutered Male** |  |  | **Female (Intact)** |  |  | **Spayed Female** |
|  |
| **Microchipped?** |  | **Yes** |  |  | **No** | **Number, if known:** |  |