



# Welcome to Our Clinic



Thank you for giving us the opportunity to care for your pets.  
Please take a moment to thoroughly complete this form for our records.

## REGISTRATION

OWNER \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_ Exp. \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL \_\_\_\_\_ HOME \_\_\_\_\_ WORK \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMAIL \_\_\_\_\_

\*Emails are utilized for reminders and hospital communications only

SPOUSE/CO-OWNER \_\_\_\_\_ PHONE \_\_\_\_\_

PREFERRED METHOD OF COMMUNICATION:  Text  Phone  Email

### Please let us know how you heard about our clinic!

Facebook  Google  Drive by  Referred by (we would like to thank them!) \_\_\_\_\_

## PET HEALTH HISTORY

PET NAME: \_\_\_\_\_ SPECIES:  Cat  Dog  Ferret  Other \_\_\_\_\_

SEX:  Male  Neutered  Female  Spayed BREED: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ COLOR: \_\_\_\_\_

Has your pet received vaccinations within the last year? Please provide records if possible.  YES  NO

Is your pet currently on any medications? If so, which ones? \_\_\_\_\_

Is your pet currently on any Heartworm or Flea Prevention? If so, which one(s)? \_\_\_\_\_

Do you have any other pets in the household? \_\_\_\_\_

Does your pet have any known anxieties/stress triggers? \_\_\_\_\_

Does your pet have any known allergies or reactions to medications? \_\_\_\_\_

## Authorization

As the rightful owner of the above described pet, I hereby authorize the veterinary medical staff of Williamsburg Veterinary Clinic to examine, prescribe for, and treat said pet. I assume all responsibility for the charges incurred associated with these services. A treatment plan and financial estimate for recommended services will be provided for all hospitalized pets and upon request at any time. I understand that all charges are to be paid when services are rendered and that a deposit is required for all admitted pets.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Our clinic accepts and offers application for **Care Credit**, an independent medical credit line company which provides interest-free payment options. We also accept **Visa, Mastercard, Discover, American Express and cash payments**. No personal checks will be accepted. Payment is due when services are rendered.

## Photo Release

I authorize the taking of photographs of my pets by the staff of Williamsburg Veterinary Clinic, LLC for the purpose of posting on Facebook, the WVC website, and other online sites used for the professional and promotional purposes by the LLC. The photos will remain the property of the LLC and will be made available to the owner upon request at the discretion of management.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_