

The Doctors and Staff at Layfield Veterinary Services Welcome You and Your Pet!

Thank you for giving us the opportunity to care for you and your pet. We will be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

Registration

Date _____ Owner _____
Address _____
Home Phone _____ Work Phone _____
Cell Phone _____ Driver's License No _____
Occupation/Place of Employment _____
Email _____ Spouse _____
Spouse Phone No(s) _____
Emergency Contact Name & Number _____
If recommended by someone, whom? _____

Pet Health History* (For additional pets, please use the back of this form.)

Name of Pet _____ Dog _____ Cat _____ Horse _____ Other _____
Breed _____ Color _____ Birthdate _____
Male, Female, or Undetermined _____ Spayed or Neutered _____
Vaccination History (Date and type of last vaccinations) _____
Reason for today's visit _____
Pet's Current Medication(s) _____
Pet's Current Diet _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the pets brought in for care. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time services are rendered and that a deposit may be required for surgical treatment. If incurred charges are not paid within 60 days, I understand that my billing information may be sent to a collection services to obtain payment. There will be a 35% increase in the amount to cover collection charges.

Signature of Owner _____